

ASS. REC. BY: Taught

REF: CS/SMR 24/20130/TUH3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SHB 5570H
Policy No. _____
Claims No. TAX/10/24/2009
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
IDAC Accident Report _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: Chiray
Vehicle: IN / OUT

N/S	O/S
	X

Veh No: SAC 72095 Yr Regn: 2016, 07
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai 140 c.c. 1685
Colour: Yellow A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMH LB 41 UM 67 409 2415
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: NU / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R: 2 -
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wintake
Front R/Bal. 6 mm Rear R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 3/10/2024 D.O.I. 7/10/24
Survey held at Comfort Lodge
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt, Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Battery weak</u>
	<u>Repair limit \$3100</u>
7/11/24	Submit uneconomical total loss-BV: \$17,248.55 Ita: \$14,093 nv: \$3155.55
	revised \$23,543.44 check items \$15,541.20

Date/Time, File Pass to?
1) _____
Date/Time, File Return to?
2) _____

☐ : Prell. Report
☐ : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS \$	

CITYCAB PTE LRD
REPAIR ESTIMATE

Vehicle No.: SHC7209J
Make : REG.14.07.2016.
Model : HYUNDAI I-40
DOA : 03.10.2024

Date : 07.10.2024
Insurance: STRIDES
MVA : Chiang
Admin :

Part No.	Parts Description / Labour	Qty	Unit Price	Amount	
1	Bonnet			\$ 2,508.80	bt
1	Bonnet Insulator			\$ 202.50	de
1	Bonnet Lock			\$ 142.20	bt
2	Bonnet Hinge LH/RH		\$ 126.70	\$ 253.40	bt
2	Bonnet Absorber LH /RH		\$ 61.60	\$ 123.20	bt
1	Bonnet Cable			\$ 69.60	?
1	Radiator Grille (new model)			\$ 1,480.00	cu
1	Radiator U moulding			\$ 251.00	cu
1	Radiator emblem			\$ 129.50	ng
2	Front Bumper Bracket Top LH /RH		\$ 22.40	\$ 22.40	de
2	Front Bumper Bracket LH/RH		\$ 24.60	\$ 49.20	de
1	Headlamp Support Panel Assy			\$ 907.40	cu
1	Headlamp Support Top Cover			\$ 222.60	de
2	Headlamp LH /RH		\$ 1,388.00	\$ 2,776.00	cu
1	Front Bumper			\$ 1,052.20	de
1	Front Bumper reinforcement			\$ 588.40	bt
2	Front Bumper Grille LH /RH		\$ 187.20	\$ 374.40	LHX Refort
1	Front Bumper Sponge			\$ 379.20	de
1	Front Fender Apron Panel RH		\$ 637.00	\$ 637.00	buc
1	Front Fender /RH		\$ 663.00	\$ 663.00	bt
2	Front Fender shield LH/RH		\$ 174.90	\$ 349.80	de
1	Front Chassis RH			\$ 1,060.70	Rx
1	Engine Cross Member			\$ 2,094.40	?
1	Front Under Cover			\$ 334.60	m/s
1	Front Windscreen Glass			\$ 1,017.80	ng
1	Front Windscreen Moulding			\$ 133.70	ng
1	Front Wiper Panel			\$ 476.60	de
1	WiperWasher Tank			\$ 90.10	de
1	Air Cleaner Assy			\$ 118.60	?
1	Air Cleaner Hose			\$ 432.60	?
1	Air Duct			\$ 171.70	?
1	Air Flow Sensor			\$ 527.80	?
1	Resonator Tank Hose			\$ 218.30	?
1	Radiator Assy			\$ 1,637.20	?
1	Radiator Fan Motor w/Cowling			\$ 1,194.20	?
1	Radiator Expansion tank			\$ 163.80	de
1	Radiator Hose Lower			\$ 235.60	?
1	Radiator hose Upper			\$ 229.50	?
1	Air Con Condenser			\$ 947.80	bt
1	Air Con Suction & Liquid			\$ 624.00	?
1	Air Con Compressor			\$ 2,578.00	?
1	Inter Cooler assy			\$ 1,032.50	?
1	wiring Harness Front			\$ 1,960.80	?
1	Oil Cooler-Assy			\$ 267.10	?
1	Inter Cooler			\$ 1,032.50	?

Part No.	Parts Description / Labour	Qty	Unit Price	Amount
1	Controller (PWN)			\$ 504.70 ?
1	Air Bag Steering Complete			\$ 2,948.50 act
1	Air Control Module			\$ 1,894.00 act
1	Strg SensorAngle Contact			\$ 1,150.60 act
1	Front Knuckle Assy RH			\$ 452.80 ?
1	Front Shock Absorber RH			\$ 372.50 ?
1	Front Suspension Upper RH			\$ 244.30 ?
1	Front Suspension Lower RH			\$ 298.40 ?
1	Front Steering Tie Rod RH			\$ 125.60 ?
1	Front Steerin Ball Joint RH			\$ 94.70 ?
1	Front Drive Shaft RH			\$ 1,030.80 ?
1	Rack and Pinion			\$ 1,087.40 ?
2	Front Safety Seat Belt LH/RH			\$ 838.00 act
1	Rear Bumper			\$ 553.00 de
1	Rear Bumper Bracket RH			\$ 35.60 de
1	Rear Bumper Reinforcement			\$ 428.40 ?
1	Rear Bumper Clip 1 packet			\$ 22.00 de
1	Rear Bumper Reflector RH			\$ 526.70 act
1	Tail Lamp RH			\$ 697.80 nn
1	Rear Rocker Panel RH			\$ 732.80 nn
	SUB TOTAL			\$ 45,800.30
	LESS 20%			\$ 9,160.06
	DISCOUNTED TOTAL			\$ 36,640.24
1	Front Number Plate			\$ 50.00 de
1	Front Tyre RH			\$ 216.00 nn
1	Front Wheel Rim Cap			\$ 217.20 act
1	Front Door Comfort sticker			\$ 80.00 nn
				\$ 562.00
	Labour Charge			
	Panel Beating front/rear			\$ 3,800.00 2280
	Spray Painting Charge front/rear			\$ 1,800.00 400
	Wiring Charge			\$ 120.00 50
	Tuff Kote			\$ 200.00 100
	Remove/Refix Rear Upholstery			\$ 90.00 X
	Remove/Refix Undercarriage (FRT)			\$ 200.00 ? photo
	Remove/Refix AC condenser & charge in gas			\$ 150.00 100
	Towing KING DOLLY			\$ 160.00 X
	Reset Wheel Alignment			\$ 90.00 ?
	Remove/Refix AC condenser & charge in gas			\$ 150.00 100
	TOTAL LABOUR			\$ 6,760.00
	ESTIMATE TOTAL			\$ 43,962.24

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

To provide taxi book value
 4/15 10 days Janhik Chhamban

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for Investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	04/10/2024 16:02 (SGT)
Reported by	Actual Driver
Date of Accident	03/10/2024 17:15 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7209J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-98487963
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	KMHLB41UMGU092415
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFCT

DRIVER

Name of Driver	MOK KWEE SEOW
NRIC No	SXXXX981F
Date Of Birth	02/08/1957
Occupation	Outdoor
Driving Pass Date	07/07/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98487963
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 497J TAMPINES STREET 45 #06-74
Address complement	-
Postcode	527497
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	9
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NG KENG SENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/10/2024 AT ABOUT 1715HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHC7209J ENROUTE FROM NUH TOWARDS MARINE DRIVE FOR WORK PURPOSE BOOKING FROM MDT. AS I WAS TRAVELLING ALONG EXP ON LANE 1, VEHICLE C BEARING REGISTRATION NUMBER SNH9017K SLOWED DOWN ABRUPTLY AND I APPLIED EMERGENCY BRAKES. I COULD NOT STOP IN TIME AND REAR ENDED VEHICLE C AND SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SHB5570H HAD REAR ENDED ME. I SUFFERED MULTIPLE INJURIES AND MYSELF AND MY PASSENGER WERE CONVEYED TO RAFFLES MEDICAL CENTRE.

TOTAL OF 9 VEHICLES INVOLVED IN THE CHAIN COLLISION.

VEHICLE (A) SHC7209J
VEHICLE (B) SHB5570H
VEHICLE (C) SNH9017K
VEHICLE (D) SMH5155H
VEHICLE (E) SLL9316A
VEHICLE (F) SHF632A
VEHICLE (G) SJH8880M
VEHICLE (H) SDU9222J
VEHICLE (I) SND1544D

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5570H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR ON KOK SIN
Contact Number	(Phone) +65-81891137
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH9017K
Vehicle Manufacturer	LandRover
Vehicle Model	DISCOVERY SPORT 2.0D SE 7-SEATER
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR MARCUS
Contact Number	(Phone) +65-98375004
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMH5155H
Vehicle Manufacturer	Toyota
Vehicle Model	NOAH 2.0X CVT
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MR ALPHONSUS
Contact Number	(Phone) +65-98250208
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLL9316A
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SHF632A
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS 5DR HATCHBACK
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR TEO
Contact Number	(Phone) +65-81273099
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SJH8880M
Vehicle Manufacturer	Mercedes
Vehicle Model	GLC250 4MATIC AMG LINE (R19 LED)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR DANIEL WONG
Contact Number	(Phone) +65-85880010
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	SDU9222J
Vehicle Manufacturer	BMW
Vehicle Model	X3 SDRIVE 20I LED SR NAV
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	MR LOH
Contact Number	(Phone) +65-97593990
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number	SND1544D
Vehicle Manufacturer	Volvo
Vehicle Model	XC60 B5 RD
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR THAVANESH THAVARAJAN
Contact Number	(Phone) +65-97873588
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOK KWEE SEOW
Gender	Male
Phone No	(Phone) +65-98487963
Address	BLK 497J TAMPINES STREET 45 #06-74
Address Complement	-
Post Code	527497
Approximate Age Years Old	67
Injuries Sustained	INJURED
Injured person in which vehicle?	SHC7209J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NG KENG SENG
Gender	Male
Phone No	(Phone) +65-90354918
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC7209J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (ii) investigating the accident and/or my claims.
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

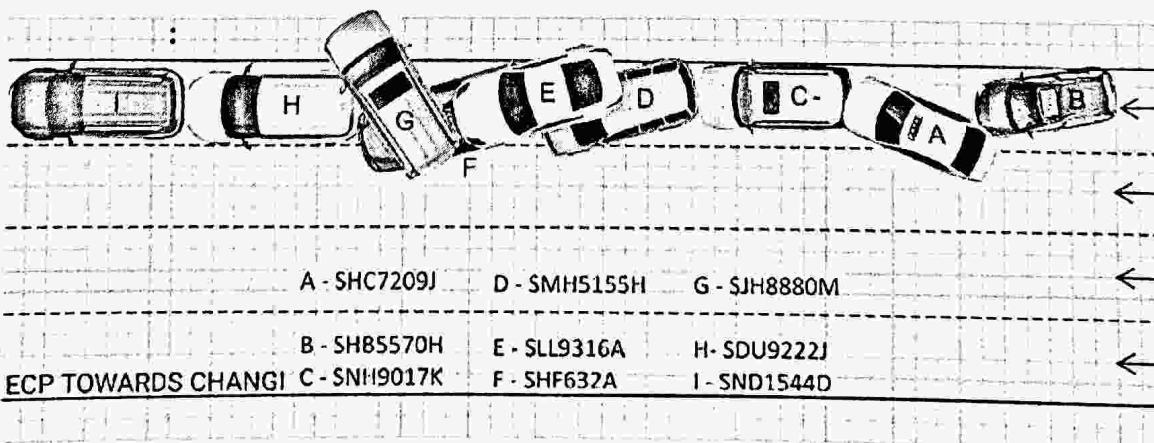
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

04/10/2024 1430HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 03/10/2024 AT ABOUT 1715HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHC7209J ENROUTE FROM NUH TOWARDS MARINE DRIVE FOR WORK PURPOSE BOOKING FROM MDT. AS I WAS TRAVELLING ALONG EXP ON LANE 1, VEHICLE C BEARING REGISTRATION NUMBER SNH9017K SLOWED DOWN ABRUPTLY AND I APPLIED EMERGENCY BRAKES. I COULD NOT STOP IN TIME AND REAR ENDED VEHICLE C AND SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SHB5570H HAD REAR ENDED ME. I SUFFERED MULTIPLE INJURIES AND MYSELF AND MY PASSENGER WERE CONVEYED TO RAFFLES MEDICAL CENTRE. TOTAL OF 9 VEHICLES INVOLVED IN THE CHAIN COLLISION.

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VEHICLE (B) SHB5570H
VEHICLE (C) SNH9017K
VEHICLE (D) SMH5155H
VEHICLE (E) SLL9316A
VEHICLE (F) SHF632A
VEHICLE (G) SJH8880M
VEHICLE (H) SDU9222J
VEHICLE (I) SND1544D

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

04/10/2024 1430HRS

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC7209J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Oct 2024
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2016
Engine No.:	D4FDEU468338
Chassis No.:	KMHLB41UMGU092415
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$18,729.00
Original Registration Date:	14 Jul 2016
First Registration Date:	14 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$18,729.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jul 2025
PARF Rebate Amount:	\$10,300.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	9
PQP Paid:	\$44,568.00
COE Rebate Amount:	\$3,793.00
Total Rebate Amount:	\$14,093.00
Message	
Please note that the 9-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 07 Oct 2024

OK

Co.Code : CAB
Licence Pl.No : SHC7209J
Old Asset No :
Veh.Model : Hyundai I40
Reg.Date : 14.07.2016
Cap.Date : 14.07.2016
Accident.Date : 03.10.2024
Veh.Age : 095

Asset No.	SA.No	Bal.Dep.Mths	Per.Mth.Dep	Bal.Dep.Value	Asset Description 1	Cost	Op.Acc.Dep	Cur.Year Dep.	Accum. Dep	Net Book Value	Scrap value/Estimated	
											PART	Refund
				\$		\$	\$	\$	\$	\$	\$	\$
10010764	0	003	259.79	779.37	SHC7209J H40 14.07.2016 BASIC COST W AIRCON	26,500.00	26,499.00-	0.00	26,499.00-	1.00		1.00
10010764	1	003	36.72	110.16	SHC7209J H40 14.07.2016 IMPORT DUTY 20%MOV18729	3,745.63	3,745.63-	0.00	3,745.63-	0.00		0.00
10010764	2	003	73.45	220.35	SHC7209J H40 14.07.2016 ARF XMOV18729	18,729.00	7,492.00-	0.00	7,492.00-	11,237.00		11,237.00
10010764	3	003	385.39	1,165.17	SHC7209J H40 14.07.2016 COE 80%	39,616.00	39,616.00-	0.00	39,616.00-	0.00		0.00
10010764	4	003	48.55	145.65	SHC7209J H40 14.07.2016 COE TOP UP	4,852.00	0.00	3,714.00-	3,714.00-	1,238.00		0.00
10010764	5	003	0.00	0.00	SHC7209J H40 14.07.2016 AIR CONDITIONER	0.00	0.00	0.00	0.00	0.00		0.00
10010764	6	003	0.00	0.00	SHC7209J H40 14.07.2016 PRINTER DIGITAX THERMAL	0.00	0.00	0.00	0.00	0.00		0.00
10010764	7	003	0.00	0.00	SHC7209J H40 14.07.2016 TAXIMETER DIGITAX F1	0.00	0.00	0.00	0.00	0.00		0.00
10010764	8	003	1.37	4.11	SHC7209J H40 14.07.2016 VEH REG FEE	140.00	140.00-	0.00	140.00-	0.00		0.00
			808.27	2,424.81		93,682.63	77,492.63-	3,714.00-	81,206.63-	12,476.00		

COE	388.39	1,165.17
Vehicle	419.88	1,239.64
	808.27	2,424.81

Vehicle : Without I/M & COE	3,714.00-	41,590.63-	12,476.00
Vehicle : Without I/M, With COE	3,714.00-	81,206.63-	12,476.00
Taximeter	0.00	0.00	0.00

Purchase Value: \$43,682.63

Rebate: \$10,300

Total Rebate: \$14,093

Balance: 9 months

$$\frac{43682.63 - 10300}{108} = 772.06$$

$$772.06 \times 9 = 6948.55$$

$$6948.55 + 10300 = 17248.55$$

$$\text{Nett Val} : 17248.55 - 14093 = 3155.55$$

$$\approx 43100$$