15/5/2010 INS. C	ASE OWNER:	75	cc	4 / ASM 1800	6274,	K mas	IDAC: 38 468	
		Y	eth	ASSIGNM	ENT			
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Pre-as	ssign / CCU / F	TE				Registered in Mer		
Insure	d Vehicle No.		FBD 1445	t	Claim No.	58	MODDOH	[X
***	of Insured				Policy No.			_ (())
K_N	ed Tel No.		HP:		Make / Model			
	s Sec II :S\$		D.O.A :	3/18	Place of Accide			
Is driv	er the owner?	(YES / N						
If NO.	, Driver Name Driver Tel No.	1.7	(V	/L: YES / NO)	OI GIA REPOR		GIA REPORT: YES / Final ? Yes / No	NO
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						Authorisation To A	ct:	
						Final Repair Bill:		
						Car Rental Invoice:		
						Towing Invoice		
						LTA / GIA :		
						Medical Bill: PIR:		
						Mandate/Reject In	etruction:	
						LOD	Struction.	
			A.			Payment Breakdo	wn Form:	
PRELIMINAR	Y ADVICE D	ate/Time:	6/4	Sent By:		Post-Repair Photo	s:	
FINALIZATIO	N D	ate/Time:		Confirm with:		Others:		
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Final Liability:	9/6	6 (Agreed / Assessed)	BOLA S/N No. :		If NO or B 28, As	s. Lia :	
Repair Cost:	S							
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Loss of Income (x days)					
LOR only	LOU only	LOR + LOU	LOR + LOI	[Tick only one]				
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Payee 2: (Strike	if N.A.) S	\$	Name 2:					
Payee 3: (Strike	if N.A.) S	\$	Name 3:		************		MARKET AND AND AND THE PERSON OF COMMENT	

of No. 2 MMk St 63 Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: (DAC Accident Rport: Consistent?: Yes or No Insured: Sp.Reading Sp. Sp.Reading Sp.Reading Sp.Reading Sp.Reading Sp.Reading Sp.Readin	189/ Std/NI/NA /Std/NI/NA
From: Date: 050H20\8 Estimated Cost: OD TP WS TP RES OD RES EVA INV MV To Inspect Vehicle No: At Workshop m/s Trans (Lb) of No D Mnk St 63 Insured: Policy No. Claims No. Sum Insured: (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 Rport: Consistent? : Yes or No GIA PR Seen: Consistent? : Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA REV REP. 24 HRS Date: Person Contacted: Date: Person Contacted: Type: M.Car M.Cycle Bus Van Lorry Make: Chewrish Epic Co. Truck / Trailer or Make: Chewrish Epic Co. Colour White IAs AlC: Insured Frunck / Trailer or Make: Chewrish Epic Co. Colour White IAs AlC: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Eng/No: C/No: H2 LAS AlC: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Beng/No: C/No: H2 LAS AlC: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Beng/No: C/No: H2 LAS AlC: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Sp. Reading 3 3 5 3 3 T/Radio: Insured Beng/No: C/No: H2 LAS Alc: IN OS Toylo Fair Poor Burnt Steering: Inorder Jammed Leaked Burnt Tyre Size: F: Gi7: 95 GS Reserved Beng/No: C/No: H2 LAS Alc: Insured Toylo Fair Poor Burnt Toylo Fair Poor Fair Foor Beng/No: C/No: H2 LAS Basic Foor Foor Toylo York Or Front Rear Rear R/Bal. Do A To	189/ Std/NI/NA /Std/NI/NA
Type: M.Car / M.Cycle / Bus / Van / Lorry / ADD / Prime Moder / Truck / Trailer or Make: Chewolm Equicy C.C. Colour White IRL ACC Insured / Sp.Reading 63553 / T/Radio: Insured / Sp.Rea	189/ Std/NI/NA /Std/NI/NA
Truck / Trailer or Make: Chewrolm Eprice c.c at Workshop m/s of No. JAMK St 63 Insured: Policy No. Claims No. 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 Rport: Consistent?: Yes or No Est. Repairs: O5 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Instruction Truck / Trailer or Make: Chewrolm Eprice c.c Colour White IRL A/C: Insured / Sp. Reading 63553, T/Radio: Insured / Sp. Reading 63553, T/R	189/ Std/NI/NA /Std/NI/NA
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CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roofs The U/C / Chassis frame / Body Structure affected	
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Date/Time, File Pass to? : Preli. Report Days Of Repair:	
: Final Report Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to? Transportation:	
2) Add Fee: : Site Insp (\$)S+RS,SI	
: Interview (\$) Photos	
Report Format: : Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$) Weekend (\$)	
TOTAL	And in case of the last of the

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars					
Owner ID Type:	Company				
Owner ID: Vehicle Details	3878K				
Vehicle No.:	SHD454H				
Vehicle to be Exported:	Yes				
Intended De-registration Date:	02 Apr 2018				
Vehicle Make:	CHEVROLET				
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO				
Primary Colour:	Red				
Manufacturing Year:	2011				
Engine No.:	Z20S1450849K				
Chassis No.:	KL1LA69RJBB088988				
Maximum Power Output:	110.0 kW (147 bhp)				
Open Market Value:	\$14,395.00				
Original Registration Date:	30 May 2012				
First Registration Date:	30 May 2012				
Transfer Count:	0				
Actual ARF Paid: Intended PARF Rebate Details	\$14,395.00				
PARF Eligibility:	Yes				
PARF Eligibility Expiry Date:	29 May 2020				
PARF Rebate Amount: Intended COE Rebate Details	\$10,076.00				
COE Expiry Date:	29 May 2020				
COE Category:	A - Car (1600cc & below)				
COE Period(Years):	8				
QP Paid:	\$46,401.00				
COE Rebate Amount:	\$12,504.00				
Total Rebate Amount: Message	\$22,580.00				
Please note that the 8-year COE for this vehicle cannot be reaches its statutory lifespan (if applicable), whichever is e	further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle arlier.				

The information contained herein is correct as at 02 Apr 2018

OK