INS. CASE OWNER:	TE CC Y/ASM1800 9	289, AMA3 DAC: 45732.
Surveyor:	ANDOI: ASSIGNMENT OF THE PROPERTY OF THE PROPE	ENT Date / Time:
Pre-assign / CCU /	(28 / 18W)	Registered in Merimen:  Claim No.:
Name of Insured	MILITECH INTERNATIONAL PL	Policy No. : 67320 454 1 (rd
Insured Tel No.  Excess Sec II :S\$	:HP:D.O.A:	Make/Model: Renglit.  Place of Accident: Levilor Ne
Is driver the owner?  If NO, Driver Nam	ne / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel 1	1	Insured Liability: % Final? Yes/No
487 728	m - becognes	Throsal - In EcsAl
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: CWA (WH) Tel: Liability: RMKS:	INSRS: WSP: WSP: Tel: Liability: Liability: RMKS: INSRS: WSP: Tel: Liability: RMKS:
Date/ Time		9200000
	GBL SGNES - CUY (ASM STO GNES) ANDS GDP JUSOM, CUY (ASM) ATTO 17415 (KIND)	STAGE Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: Documentation Check List: Handler Typist Notification ltr (if non-pickup) After call ltr to OI: Authorisation To Act: Release Voucher: Final Repair Bill:
		Car Rental Invoice: Towing Invoice
		LTA/GIA:
1,1		Medical Bill:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
	online and of Sources of the Advances American Artifacts	Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: FINAL SETTLEMENT	S\$ ( days) Reduction:  Date/Time: Confirm with	% Email Call Call
		Email Call  If NO or B 28, Ass. Lia :
Final Liability: Repair Cost;	% (Agreed / Assessed) BOLA S/N No. : S\$	11 IVO 01 D 20, ASS. Liki :
Loss of Rental (LOR):	S\$ ( days)	
Loss of Use (LOU):	S\$ (\$ x days)	CONTRACTOR OF THE PROPERTY OF
Loss of Income (LOI):	S\$ (\$ x days)	CLESC L. 192   Demiss
LOR only LOU only		
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status; Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent	
Legal Cost	S\$	3) Survey fee:
Total:	S\$ Global Sum S\$:	
FINAL PAYMENT	Date/Time: Confirm with:	Email Call
	S\$ Name 1:	
Payee 1;	S\$ Name 2:	
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ Name 2:	3 3
ayee J. (Buike II IV.A.)	The state of the s	

REF:

Asm 9789/Ah

## ASSIGNMENT

Truck/Trailer or  Make: Toyoft Dyn 4	From: Date:		Veh No: GBC8	3924S Yr	Regn: 2014/Jan.
To Inspect Vehicle No: at Workshop mis of at Workshop mis of sat Workshop mis of sat Workshop mis of sp. Reading s	Estimated Cost:		Type: M.Car / M.Cycle / Bu	s / Van / Corry Ta	xi / Prime Mover /
colour Silver. AIC: Insured   Std   Ni   Na   Insured: Sp.Reading	OD / TP / WS / TP RES / OD RES / EVA / INV	/ MV	The state of the s		
colour Silved: AIC: Insured Istal NI INA Insured: Spreading /4563 P. TiRadio: Insured Istal NI INA Insured: Spreading /4563 P. TiRadio: Insured Istal NI INA Spreading /4563 P. TiRadio: Insured Istal NI INA Insured: Excess: Cinor Constitution of the Condition of	To Inspect Vehicle No:		Make: Toyota	Dyna.	c.c 2982
Eng/No:	at Workshop m/s		Colour Silver	- A/C:	Insured / Std / NI / NA
Collaims No.  Sum Insured: Excess:   Steering: Inforder) Jammed / Leaked / Burnt or    Stem Insured:   Excess:   Steering: Inforder) Jammed / Leaked / Burnt or    Brake: (Norder) Jammed / Leaked / Burnt or    Brake: (Norder) Jammed / Leaked / Burnt or    Brake: (Norder) Jammed / Leaked / Burnt or    Modi   NII) Sirkim / STD Airlin or    Tyre Size:   F:   See / See	of		Sp.Reading /456	34. T/Ra	dio: Insured / Std / NI / NA
Claims No.  Sum Insured: Excess:   Steering: Inforder) Jammed / Leaked / Burnt or    Brake:   Inforder / Jammed / Leaked / Burnt or    Brake:   Inforder / Jammed / Leaked / Burnt or    Modi   Nil   SIRIm / STD ARIm or    Tyre Size:   F: /9 S R / S C   Sumitions    Remark: The veh had commenced its   repair at the time of inspection.    Bal. or Market Value:    IDAC Accident Rport:   Consistent? : Yes or No    Bal. or Market Value:    Bal. or	Insured:		Eng/No:		
Sum Insured:   Excess:	Policy No.		C/No: JTF	AT35/30K2	.02726
Brake:	Claims No.		Gen. Cond: Good Fair / P	oor / Burnt	
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  GIA / PR Seen:  Consistent?: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Person Contacted:  Person Contacted:  Person Contacted:  The U/C / Chassis frame / Body Structure affected due to collision.  Modi:  NIS O/S  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or  Front  Rear  R/Bal.  O/D  mm  R/Bal.  O/D  mm  D.O.A.  Survey held at  Des. of Damages:  Fi / Seen / O IS / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction  TT A X A.   MV : 45 K.  Report Format:  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Transportation:  Add Fee:  Site Insp (\$	Sum Insured: Excess:		Steering: Indrder/ Jamme	d / Leaked / Burnt	or
(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  Est. Repairs:  days Res.: Yes or No  Lum Som:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Person Contacted:  Person Contacted:  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	(Client's Record)		Brake: Inorder Jamme	d / Leaked / Burnt	or *
(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:  days Res.: Yes or No  Est. Repairs:  As Yal.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  TY AKA.   Dote/Time, File Pass to?  Dete/Time, File Pass to?  Dete/Time, File Return to?  2)  Add Fee:  Size Insp. (\$	Make of Veh:				A
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Ball or Market Value:  IDAC Accident Rport:  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:  Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	Remark: The veh had commenced its	N/S O/S	BS / DUN / EXNOVA / GY	FS / LIZA / MIC / C	OHTSU / PIR / SUMI /
Date/Time   File Pass to?   Prefix Report	repair at the time of inspection.		TOYO / YOKO or		
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: Vehicle: IN / OUT  Date / Time Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation:  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.  Date / Time Resurvey No. of Trip: Survey Fee: Transportation: Structure affected due to collision.	Bal. or Market Value:		Front	Rea	ar a
Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time Action/Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time, File Pass to?  Preli. Report  Days Of Repair:  Resurvey No. of Trip: Survey Fee: Transportation:  Transportation: Survey Fee: Transportation:  Transportation: Survey Fee: Transportation: Tran	IDAC Accident Rport: Consistent	? : Yes or No	R/Bal. 0,6,	mm R/B	al. Ob mm
Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date / Time	GIA / PR Seen: Consistent	? : Yes or No	L/Bal. 0 6	mm L/Ba	al. 06 mm
Date: Person Contacted: Vehicle: IN / OUT  Date / Time	Est. Repairs: days Res.:	Yes or No	D.O.A.	D.0	15/05/18.
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Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction	CA / DEV / DED / 2/ HPS		Des. of Damages Fn /	ean I OIS I NIS I	U/C / Rooftop or
Date / Time Action / Instruction  TP AKA.  MV: 45    RV: 38 Hk  Neff: 16.6    Date/Time, File Pass to? : Preli. Report    Date/Time, File Return to? : Survey Fee:    Transportation:    2) Add Fee: : Site Insp (\$	CA / REV / REF. / 24 HRS	Vehicle: IN / OUT			
TY AXA.  MV: 45 IL  PV: 38 AIL  Nelf: 16.6 IL  Date/Time, File Pass to?  : Preli. Report  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Transportation:  Streen Interview (\$ ) Photos  Photos  Report Format:  Lump Sum / I.B.I: (\$ )  Weekend (\$ )	Date: Person Contacted:		The U/C / Chassis fra	ame / Body Struct	ture affected due to collision.
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Date/Time, File Return to?   Transportation:	Final Ban			Sur	rvey Fee:
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: Interview .(\$   ) Photos     Report Format :	2)	Add Fee:	: Site Insp (\$	)	S+RS,SI
Report Format:  Lump Sum / I.B.I: (\$ ·)  : Weekend (\$)			Constraint	) Ph	otos
Lump Sum / I.B.I: (\$ ·)	Report Format :		: Tech. Invs (\$	) Ot	hers
	Lump Sum / I.B.I: (\$	)	: Weekend (\$	. )	
				T	OTAL

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company		
Owner ID Type:	Company		
Owner ID: Vehicle Details	0201H		
Vehicle No.:	GBC8924S		
Vehicle to be Exported:	Yes		
Intended De-registration Date: Vehicle Make:	15 May 2018		
Vehicle Model:	TOYOTA		
	TOYOTA DYNA 150 MANUAL		
Primary Colour:	Silver		
Manufacturing Year:	2013		
Engine No.:	1KD2360113		
Chassis No.:	JTFAT35Y30K202726		
Maximum Power Output:			
Open Market Value:	\$27,856.00		
Original Registration Date:	24 Jan 2014		
First Registration Date:	24 Jan 2014		
Transfer Count:	0		
Actual ARF Paid:	\$1,393.00		
Intended PARF Rebate Details			
PARF Eligibility:	No		
PARF Eligibility Expiry Date:			
PARF Rebate Amount:	\$0.00		
Intended COE Rebate Details			
COE Expiry Date:	23 Jan 2024		
COE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	10		
QP Paid:	\$50,001.00		
COE Rebate Amount:	\$28,441.00		
Total Rebate Amount:	\$28,441.00		

The information contained herein is correct as at 15 May 2018