		GNMENT	
INS. CASE OWNER:	CC 6 / MM 18	80 14572, Acas	IDAC:
15/5/2010	C MC	114x22 Book	LKK:

Surveyor:	CMP	DOI:	SSIGNMENT Q\Q\W\V	Date / Time :	8/8/2018
				Registered in Merimen:	11/8/2018
Pre-assign / CCU	/FTE	(0000			
Insured Vehicle No	SMA	6338C	Claim No.		
Name of Insured			Policy No.		
Insured Tel No.		LID		•	
		HP:	Make / Model		
Excess Sec II :S\$		D.O.A: 118/2018	Place of Accid	lent:	
Is driver the owner	? (YES / NO)	Nature of Accident :			
If NO, Driver Nan	ne / Age :		OI GIA REPO	RT: YES / NO ; TP GIA RE	EPORT: YES / NO
Driver Tel 1	No. :	(V/L: YES / NO			? Yes / No
SUR 3672	.0	>			
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:	V I	NSRS: VSP; Cel: Jability: LMKS:
Date/ Time					
	X . OUT 05 54	; SmA 633	&C. X	STAGE	DATE / PIC
		1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 7	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
	100			Notification ltr (if non-pickup	o):
				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 :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction	
				LOD	
				Payment Breakdown Form	:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm wit		Confirm by:	
Repair Cost:	S\$ (	days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability: Repair Cost:	% (Agreed /	Assessed) BOLA S/N I	No. ;	If NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	S\$ (	days)			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only			only one]		
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal/Re	eject/Private Settle
Disbursement:	S\$	(e.g. Tow/ In	ndependent)	2) Report Format:	
Legal Cost	S\$			3) Survey fee:	
Total:	SS	Global Sum S\$:			
FINAL PAYMENT	Date/Time;	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

	d	ASSIGNMEN	$\overline{\mathbf{T}}$		12			
-	Date	Veh No:	SLR 3672D.	Yr Regn: 2017	August.			
From: Estimated Cost:	Date:		Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
	DEC / EVA / IND/ / MD/		ck / Trailer or					
OD / TP / WS / TP RES / OD	RES / EVA / INV / INV	Make:	Hyundui El	antra c.c 15	91			
To Inspect Vehicle No:		Colour	Silver.					
at Workshop m/s				T/Radio: Insured / Sto				
of		Sp.Reading	1010	madio. modred r ot				
Insured:		Eng/No:	VMUD & ALL	CMJU507525				
Policy No.		C/No:	: 6000 Fair / Poor / Bur					
Claims No.								
Sum Insured:	Excess:		norder / Jammed / Leake					
(Client's Record)			norder / Jammed / Leake					
Make of Veh:		Modi: N	I SHRIM STD A/Rim					
		Tyre Size:	F: 195 R: 195/	162N2				
(Policy Condition)			R: /95/	65R15.				
Remark: The veh had comn	nenced its N/S	O/S BS / DUN		A / MIC / OHTSU / PIR / SU	IMI /			
repair at the time	of inspection.	TOYO / Y	OKO or Ne>	ren ·				
Bal. or Market Value:		Front	,	Rear				
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	O6 mm	R/Bal.	mm			
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	ol mm	L/Bal. 0,6	/ mm			
Est. Repairs:	days Res.: Yes or No	D.O.A.		D.O.I. 08/08/	18			
Lum Sum:	% 3 Val.: Yes or No	Survey hel	dat NI	T. //				
04 / DEV / DED / 2	AUDS	Des. of Da	mages : Frt / Rear / O/S	S) N/S / U/C / Rooftop	or			
CA / REV / REP. / 2	4 HRS Vehicle:	IN / OUT	CI					
Date: Perso	on Contacted:	The U/	C / Chassis frame / Bo	dy Structure affected due	to collision.			
Date / Time Action / In								
TP	A16 -							
D. J. W. St. Develop	7	Davis Of D						
Date/Time, File Pass to?	: Preli. Report	Days Of R		Suprey Foot				
1)  Date/Hims File Return to?	: Final Report	Resurvey	No. of Trip:	Survey Fee: Transportation:				
Date/Time, File Return to?	Λ.	dd Fee: : Site	e Insp (\$	) _ S+RS,SI				
2)	A	1	erview (\$	) Photos				
Description of Comments			ch. Invs (\$	) Others				
Report Format :		- Control of the last of the l		) Outers				
Lump Sum / I.B.I: (\$	)	: VVe	eekend (\$	)				

TOTAL

## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 2911Z

Vehicle Details

Vehicle No.:SLR3672DVehicle to be Exported:No

 Intended De-registration Date:
 02 Aug 2018

 Vehicle Make:
 HYUNDAI

 Vehicle Model:
 ELANTRA AD 1.6 GLS AT

Primary Colour: Silver

Manufacturing Year: 2017
Engine No.: G4FGHU622002

Chassis No.: KMHD841CMJU507525

Maximum Power Output: 93.8 kW (125 bhp)

Open Market Value: \$12,881.00

Original Registration Date: 14 Aug 2017

First Registration Date: 14 Aug 2017

Transfer Count: 0

Actual ARF Paid: \$12,881.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 13 Aug 2027
PARF Rebate Amount: \$9,660.00

Intended COE Rebate Details

COE Expiry Date: 13 Aug 2027

COE Category: A - Car up to 1600cc & 97kW (130bhp)

 COE Period(Years):
 10

 QP Paid:
 \$42,801.00

 COE Rebate Amount:
 \$38,647.00

 Total Rebate Amount:
 \$48,307.00

The information contained herein is correct as at 02 Aug 2018

OK