Pro-assign / CCU / FTE  Insured Vehicle No.  Name of Insured  Insured 1 No.  Exess Sec II - SS  Ladin No.  Pilce of Accident:  If Mo. Drive Name / Age:  Drive Tel No.:  SER SSS Sec II - SS  Ladin No.  If No. Drive Name / Age:  Drive Tel No.:  SER SSS SSS SSS SSS SSS SSS SSS SSS SSS	INS. CASE OWNER	hargelee	CC 6, A16180	14994,	11019	KK: DAC:
Pro-assign / CCU / FTE  Insured Vehicle No.  Name of Insured  Insured 1 No.  Exess Sec II - SS  Ladin No.  Pilce of Accident:  If Mo. Drive Name / Age:  Drive Tel No.:  SER SSS Sec II - SS  Ladin No.  If No. Drive Name / Age:  Drive Tel No.:  SER SSS SSS SSS SSS SSS SSS SSS SSS SSS		hr mercul	ASSIGN	MENT	7	AM I
Pre-assign ( CCU / FTE  Insured Tel No.  Excess See II:SS  Insured Tel No.  Insured Tel No.  Insured Tel No.  Excess See II:SS  Insured Tel No.  Insured Tel Liability:  Insured Tel No.  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Liability:  Insured Tel No.  Insured Tel No.  Insured Tel No.  Insured Liability:  Insured Tel No.  Insu	Surveyor:	1.0/1000 2		Ale 10		1300
Listered Vehicle No.  Same of Insured  Maker / Model  Introduction of the worder  If No, Driver Name / Age:  DOA: LIST Pelicy No.  Pelicy No.  1	Pre-assign / CCU /	/ FTE				
Name of Insured Insured Tel No. IPP. If No, Driver Name Age: Driver Tel No. IPP. INSURA INSUR		21.1	7915		9516	79946186
Excess See II :SS  Is driver the woner? (YES / NO ) Nature of Accident:  INO, Driver Name / Age:  INO, SYSP:  INO, SYSP:  INO, SYSP:  INO, SYSP:  INSERS:  INSE	Insured Vehicle No	3000	1111	Claim No.	:	x1(0) (U)
Excess See II - SS  Is driver the owner?  If NO, Driver Tel NO.:    Nature of Accident:	Name of Insured	:		Policy No.	:	0139914
IS driver the owner? (YES / NO) Nature of Accident:  ITNO, Driver Name / Age: Driver Tall No: VIL YES / NO) insured Liability: % Final Y Yes / No Insured Liability: RMKS:  Date / Time    Contract   Co	Insured Tel No.		HP:	Make / Model	:	
If NO, Driver Name / Age: Driver Tel No.:  (VI.: YES / NO) Insured Liability: Selection of Selec	Excess Sec II :S\$		D.O.A: 16/8 1006	Place of Accide	ent:	
Driver Tel No.   (VIL. YES /NO)   Insured Liability: % Final Y Yes /NO	Is driver the owner	? ( YES / NO )	Nature of Accident :			
NSRS: WSP: Tel: Liability: RMKS:  Date/Time  STAGE Non-Reporting it (143):				OI GIA REPOR	RT: YES / NO ; TP GI	A REPORT: YES / NO
WSP   WSP   WSP   Tel   Liability   Liability   RMKS   RMS   RM	Driver Tel 1	No. :	(V/L: YES / NØ)	Insured Liabilit	y: % Fi	nal? Yes/No
WSP   WSP   WSP   Tel   Liability   Liability   RMKS   RMS   RM	SKK 84P.	×K				
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Authorisation To Act:						ickup)
Release Voucher:				*		
Car Rental Invoice						
Towing Invoice						
LTA / GfA :   Medical Bill:   PIR:   Mandate/Reject Instruction:   LOD   Mandate/Reject Instruction:   LOD   Payment Breakdown Form:   Payment Breakdown Form:   Payment Breakdown Form:   Post-Repair Photos:   Others:   Other						
Medical Bill:   PIR:   Mandate/Reject Instruction:   Mandate/Reject Instruction:   Mandate/Reject Instruction:   PIR:   Mandate/Reject Instruction:   PIR:   Mandate/Reject Instruction:   Payment Breakdown Form:   Payment Bre						
Mandate/Reject Instruction:   LOD						
LOD					PIR:	
Payment Breakdown Form:   Payment Breakdown Form:   PRELIMINARY ADVICE   Date/Time:   Sent By:   Post-Repair Photos:   Others:   Others:   Others:   Others:   Post-Repair Photos:   Prinal Light   Post-Repair Cost:   S\$   ( days)   Reduction:   %   Email   Call   Prinal Light   Post-Prinal Light						ction:
PRELIMINARY ADVICE   Date/Time:   Sent By:   Post-Repair Photos:   Others:   Others:   Others:						Form:
Others:	PRELIMINARY ADVICE	Date/Time:	Sent By:			VIII.
Repair Cost:   S\$   ( days) Reduction:   %   Email   Call	*					
FINAL SETTLEMENT   Date/Time:   Confirm with   Email   Call	FINALIZATION					
Final Liability:	Repair Cost:	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		%	The second secon	nail Call
Repair Cost:   S\$						
Loss of Rental (LOR): S\$ ( days)  Loss of Use (LOU): S\$ (\$ x days)  Loss of Income (LOI): S\$ (\$ x days)  LOR only LOU only LOR + LOI Tick only one  GIA/LTA Search S\$  Medical: S\$ 1) Claim status: Normal/Reject/Private Settle  Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format:  Legal Cost S\$ 3) Survey fee:  Total: S\$ 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:	Repair Cost:		rusossouj DOLER SEN 190		IL INO UI D 28, ASS. L	14.
Loss of Income (LOI):   S\$ (\$ x days)   LOR only   LOW only   LOR + LOI   [Tick only one]   LOW only   LOW only   LOR + LOI   [Tick only one]   LOW only   LOW only	Loss of Rental (LOR):	S\$ (			11 1 1 1 1 1 1 1	
LOR only	Loss of Use (LOU):					
GIA/LTA Search   S\$   1) Claim status: Normal/Reject/Private Settle				nel		
Medical:   S\$			OK + LOI LICK OBLY O	пеј		
Disbursement:   S\$   (e.g. Tow/ Independent )   2) Report Format:	Medical:				1) Claim status: Norm	nal/Reject/Private Settle
Total:   S\$   Global Sum S\$:	Disbursement:		(e.g. Tow/ Independ	ent)	2) Report Format:	
FINAL PAYMENT         Date/Time:         Confirm with:         Email         Call           Payee 1:         S\$         Name 1:           Payee 2: (Strike if N.A.)         S\$         Name 2:	Legal Cost		Clobal Sum Co.		3) Survey fee:	*
Payee 1:         S\$         Name 1:           Payee 2: (Strike if N.A.)         S\$         Name 2:		CONTRACTOR DE L'ANNE	AND RESIDENCE OF THE PARTY OF T		Email   Call	,
Payee 2: (Strike if N.A.) S\$ Name 2:					Linair Call	
	Payee 2: (Strike if N.A.)			- 14	2	
	Payee 3: (Strike if N.A.)					

ASS. REC. BY: REF: AIG	
	IGNMENT
From: Date: 1718 118	Veh No: 5KR \$962R Yr Regn: 2/15
	Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or (A)
On (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SKR 5962R	Make: Mynnde i Elantre c.c 15-9/
at Workshop m/s Tan Lim Motor	Goldin Gray
of 51 Defu Lane 10	Sp.Reading 66743 T/Radio: Insured / Std / NI / NA
Insured: \$1567915	Eng/No:
Policy No.	C/NO: 2MH/DH/4/CMF U 4342/
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Interder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil ASIRim I STD AIRim or
	Tyre Size: F: 205/55-216
(Policy Condition)	R:
Remark: The veh had commenced its	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	
(V)	- Contracy of
Bal. or Market Value:	Front R/Bal. R/Bal. mm
AC Accident Rport: Consistent? : Yes or No	
GIA PR Seen: Consistent? : Yes or No	L/Bal. D mm
Est. Repairs: days Res.: Yes or No	D.O.A. 16/8/18 D.O.I. 17/8/19
Lum Sum: 7 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 149	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Venicie: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	*
21A 48405	
7/8/4 confind 4/5 \$ 3250 1	who on hye.
/	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fe	e: : Site Insp (\$)S+RS,SI
2)	10
2)	: Interview (\$ ) Photos
	: Interview (\$ ) Photos : Tech. Invs (\$ ) Others
Report Format : Lump Sum / I.B.I: (\$	

## > Back to OneMotoring

## **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 8767Z

Vehicle Details

Vehicle No.: SKR5962R

Vehicle to be Exported: Yes

Intended De-registration Date: 07 Jun 2018
Vehicle Make: HYUNDAI

Vehicle Model: ELANTRA 1.6 AT ABS D/AB 2WD 4DR

Primary Colour: Silver
Manufacturing Year: 2015

Engine No.: G4FGEU173493

Chassis No.: KMHDH41CMFU434211

Maximum Power Output: 97.0 kW (130 bhp)

Open Market Value: \$14,810.00
Original Registration Date: 25 Feb 2015
First Registration Date: 25 Feb 2015

Transfer Count: 0

Actual ARF Paid: \$14,810.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 24 Feb 2025 PARF Rebate Amount: \$11,107.00

**Intended COE Rebate Details** 

COE Expiry Date: 24 Feb 2025

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

COE Period(Years): 10

 QP Paid:
 \$57,199.00

 COE Rebate Amount:
 \$38,422.00

 Total Rebate Amount:
 \$49,529.00

The information contained herein is correct as at 07 Jun 2018

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## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Wner ID Type:	Singapore NRIC		
Owner ID:	8767Z		
Vehicle Details			
Vehicle No.:	SKR5962R		
Vehicle to be Exported:	No		
Intended De-registration Date:	17 Aug 2018		
Vehicle Make:	HYUNDAI		
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR		
Primary Colour:	Silver		
Manufacturing Year:	2015		
Engine No.:	G4FGEU173493		
Chassis No.:	KMHDH41CMFU434211		
Maximum Power Output:	97.0 kW (130 bhp)		
Open Market Value:	\$14,810.00		
Original Registration Date:	25 Feb 2015		
First Registration Date:	25 Feb 2015		
Transfer Count:	0		
Actual ARF Paid:	\$14,810.00		
Intended PARF Rebate Details			
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	24 Feb 2025		
PARF Rebate Amount: Intended COE Rebate Details	\$11,107.00		
COE Expiry Date:	24 Feb 2025		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$57,199.00		
COE Rebate Amount:	\$37,298.00		
Total Rebate Amount: Message	\$48,405.00		

The information contained herein is correct as at 17 Aug 2018

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