15/5/2010 INS. CASE OWNER:		CC 6, ALG 180	17480, 6	tua's IDA	
Surveyor:	lup	DOI: ASSIGN	Apl scale	Date / Time :	Modil
Pre-assign / CCU / Insured Vehicle No. Name of Insured	CKH ?	-991 Y	Claim No. Policy No.	Registered in Merimen:	18 (VX
Insured Tel No. Excess Sec II :S\$ Is driver the owner?		HP: D.O.A: DV19 10.8 Nature of Accident:		-	
If NO, Driver Nam Driver Tel N	No. :	(V/L: YES / NÖ;)		Date / Time: Registered in Merimen: Date / Time: Registered in Merimen: Dolling No. : Policy No. : Make / Model : Place of Accident: Dol GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No INSRS: WSP: Tel: Liability: Liability: RMKS: STAGE DATE / PIC Non-Reporting Itr (1st): Non-Reporting Itr (2nd): Non-Reporting Itr (Final): Notification Itr (if non-pickup): Call Ol: After call Itr to Ol: Documentation Check List: Handler Typist Notification Itr (if non-pickup) After call Itr to Ol: 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: Post-Repair Photos: Others: Confirm by:	
INSRS:	INSRS: WSP: Tel: Liabilit RMKS:		WSP: Tel: Liability:		WSP: Tel : Liability :
Date/ Time					
DDET IMINIA DV A DVICE	STRAPHY JAA	[7m118013365] hy		Non-Reporting Itr (1st): Non-Reporting Itr (2nd): Non-Reporting Itr (2nd): Non-Reporting Itr (Final): Notification Itr (if non-pic Call OI: After call Itr to OI: Documentation Check I Notification Itr (if non-pic After call Itr to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice LTA / GIA : Medical Bill: PIR: Mandate/Reject Instruct LOD Payment Breakdown Fe	kup): List: Handler Typist kup) List: Handler Typist tion:
PRELIMINARY ADVICE	Date/Time:	Sent By:			
FINALIZATION Repair Cost: FINAL SETTLEMENT	Date/Time: S\$ (Date/Time;	Confirm with: days) Reduction: Confirm with	%	Confirm by:	ail Call
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU):	% (Agreed) S\$ S\$ (S\$ (\$ x	Assessed) BOLA S/N No. ; days) days)			1:
Loss of Income (LOI): LOR only LOU only GIA/LTA Search	S\$ (\$ x LOR+LOU L S\$	days) OR + LOI [Tick only or	one]	T) Claim that Y	MM alicet Marines Court
Medical: Disbursement: Legal Cost Total:	S\$ S\$ S\$	(e.g. Tow/ Independent Global Sum S\$:	dent)	2) Report Format:	W.K.glecv.PTivate Settle
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1: Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ S\$ S\$	Name 1: Name 2: Name 3:	5	T. Commission of the Commissio	occasion estat tribliolisis were appropriet authoritoris scale in most

ASSIGNMENT

From: Date:	Veh No: SJQ8984A Yr Regn: 2009 My.
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hydracin Arkente c.c 1591. Colour Purple. A/C: Insured/Std/NI/NA
at Workshop m/s	Colour Purple . A/C: Insured / Std / NI / NA
of	Sp.Reading 202 (26 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMH DU41BR9U770337.
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/55R16-
(Policy Condition)	R: 205/55R16.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 24/09/18.
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Solution.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rea / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	The Lucy of State of Parks Structure offseted due to collision
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
MV 1/0/C.	
9V ; 641C	
Nett: 3.61C.	
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: : Site Insp (\$)S+RS,SI
2) Add Fe	e: Site insp (\$) Photos
	: Tech. Invs (\$) Others
Report Format:	: Weekend (\$
Lump Sum / I.B.I: (\$	TOTAL TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business	
Owner ID:	7737C	
Vehicle Details		
Vehicle No.:	SJQ8984A	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	24 Sep 2018	
Vehicle Make:	HYUNDAI	
Vehicle Model:	HD AVANTE 1.6 A	
Primary Colour:	Red	
Manufacturing Year:	2009	
Engine No.:	G4FC9U661243	
Chassis No.:	KMHDU41BR9U770337	
Maximum Power Output:	89.7 kW (120 bhp)	
Open Market Value:	\$11,372.00	
Original Registration Date:	29 May 2009	
First Registration Date:	29 May 2009	
Transfer Count:	2	
Actual ARF Paid:	\$11,372.00	
Intended PARF Rebate Details	\$11,372.00	
PARF Eligibility:	Yes	O FILESON
PARF Eligibility Expiry Date:	28 May 2019	
PARF Rebate Amount:	\$5,686.00	
Intended COE Rebate Details	THE CHARLEST HE WAS A STATE OF THE STATE OF	La de Caración
COE Expiry Date:	28 May 2019	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$9,889.00	
COE Rebate Amount:	\$669.00	
Total Rebate Amount:	\$6,355.00	

The information contained herein is correct as at 24 Sep 2018