15/5/2010 * INS. CASE OWNER:		CC 4/ 11 180 1	8750,	Was LKK:	
Surveyor:	Mon	S DOI: ASSIGNM	10/18	Date/Time:	
Pre-assign / CCU / Insured Vehicle No. Name of Insured	SH 7?	25825	Claim No. Policy No.	Registered in Merimen:	
Insured Tel No. Excess Sec II :SS Is driver the owner?		D.O.A: 1018 Nature of Accident:	Make / Model Place of Accider		
If NO, Driver Nam Driver Tel N	Io. :	(V/L: YES / NO.)	OI GIA REPOR	T: YES / NO ; TP GIA REPORT: YES / NO : % Final? Yes / No	
INSRS: WSP: Tel: Liability: RMKS:		A conquestion of the control of the	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	Gold 1990 - holins		1	STAGE DATE/PIC	
PRELIMINARY ADVICE	M 7367 SM(IM	Sent By:	1015. 1514/14	STAGE DATE / PIC 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 : Medical Bill: PIR: Mandate/Reject Instruction: LOD Payment Breakdown Form: Post-Repair Photos:	
				Others:	
FINALIZATION Repair Cost: FINAL SETTLEMENT	Date/Time: S\$ (Date/Time:	Confirm with: days) Reduction: Confirm with	%	Confirm by: Email Call Email Call	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	% (Agreed / S\$ (S\$ (\$ x S\$(\$ x	Assessed) BOLA S/N No. : days) days) days)		If NO or B 28, Ass. Lia:	
LOR only LOU only GIA/LTA Search Medical: Disbursement:	LOR+LOU L	OR + LOI [Tick only one (e.g. Tow/ Independen		Claim status: Normal/Reject/Private Settle Report Format:	
Legal Cost Total: FINAL PAYMENT Payee 1:	S\$ State/Time:	Global Sum SS: Confirm with: Name 1:		3) Survey fee: Email Call	
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S3 S3	Name 2: Name 3:	*	\$4.000 miles	

(08/11-13)	REF: TIT		
Surreyor:	<u> </u>		
		ASSIGNMENT	00 11
From:	Date: 17110 118		95 Yr Regn: 7 / 18
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van	/ Lorry / Taxi / Prime Moyer /
OD TP WS / TP RES / OD RES /	EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	BMC 56098	Make: KiA care	15 c.c /6/1
at Workshop m/s Ri		Colour Black	A/C: Insured / Std / NI / NA
of 8 Kaki BK+ Ave.		Sp.Reading 29/80	T/Radio: Insured / Std / NI / N
Insured:		Eng/No:	
Policy No.		C/No: KNAHY	815V1722898
Claims No.		Gen. Cond: Good / Fair / Poor / Bu	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leak	ed / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leak	ed / Burnt or
Make of Veh:		Modi: Nil LalRim / STD A/Rim	
		Tyre Size: F: 20	5/57-12/6
(Policy Condition)		R:	/ 0
Remark: The veh had commenced	d its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIX	ZA / MIC / OHTSU / PIR / SUMI /
repair at the time of insp		TOYO / YOKO or	nexes
Bal. or Market Value:		Front	Rear
	Consistent? : Yes or No	R/Bal. mm	R/Bal. m
IDAO Accident reports	Consistent?: Yes or No	. L/Bal. mm	L/Bal. f m
Est. Repairs: days	B V W-	D.O.A. 1/10/18	D.O.I. 17/10/0
Lum Sum: . %	3 Val.: Yes or No	Survey held at	
		Des. of Damages : Frt, / Rear / O	IS / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	Vehicle: IN	0/0	1.
Date: Person Con			ody Structure affected due to collision
Date / Time Action / Instruction	on		
*			
THE BUILDS IN			
Date/Time, File Pass to?	reli. Report	Days Of Repair:	
一一一		Resurvey No. of Trip:	Survey Fee:
1) Date/Time, File Return to?	inal Report	Nesarrey No. of Trip.	Transportation:
	Add	d Fee: Site Insp (\$)S + RS,SI
2)		: Interview (\$) Photos
Report Format :		: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	1	: Weekend (\$	~)
Lump Gum / n.b.n. (4			TOTAL

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Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID:	5055D	
Vehicle Details		
Vehicle No.:	SMC5609S	
Vehicle to be Exported:	No	
Intended Deregistration Date:	17 Oct 2018	
Vehicle Make:	KIA	
Vehicle Model:	CARENS 1.7 DCT DIESEL 5DR FWD	
Primary Colour:	Black	
Manufacturing Year:	2018	
Engine No.:	D4FDJH553267	
Chassis No.:	KNAHU815VJ7208984	
Maximum Power Output:	104.0 kW (139 bhp)	
Open Market Value:	\$19,647.00	
Original Registration Date:	10 Jul 2018	
First Registration Date:	10 Jul 2018	
Transfer Count:	0	
Actual ARF Paid:	\$19,647.00	
Intended PARF Rebate Details PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	09 Jul 2028	
PARF Rebate Amount: Intended COE Rebate Details	\$14,735.00	
COE Expiry Date:	09 Jul 2028	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$38,501.00	
COE Rebate Amount:	\$37,449.00	
Total Rebate Amount:	\$52,184.00	

The information contained herein is correct as at 17 Oct 2018

ОК