15/5/2010	eperhenny.	CCY/ ASM 1900	5239 1	DAC;	977 10		
INS. CASE OWNER:	01	ASSIGN		20	Aralan A		
	anle	DOI:	\A. A	Date / Time :	162/2019		
Surveyor:	8/000	_ DOI		Registered in Merimen:	-		
			1		Les c		
Pre-assign / CCU / I	SUB SIA	70		camork	114 /		
Insured Vehicle No.	206 221	1	Claim No.				
	DAINAG BINT	& MASIAN	Policy No.				
Name of Insured		(10)3		×			
Insured Tel No.	:H		Make / Model				
Excess Sec II :S\$	D	O.A: 21/19	Place of Acciden	t:			
Is driver the owner?	(YES / NO) N	ature of Accident :	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	/ Are:		OI GIA REPOR	T: YES / NO ; TP GIA REPOR	T: VES / NO		
If NO, Driver Name		(V/L: YES / NO-)	Insured Liability				
Driver Tel N	0. :	(112, 125, 110)					
SVA87847							
			INSRS:	INSRS	3.		
INSRS:	INSRS:		WSP:	WSP:			
WSP: Dive A	WSP:	1-1	Tel:	Tel:			
Tel: V	Liability		Liability:	Liabili	ity:		
RMKS:	RMKS:		RMKS:	RMK	S:		
	TUTAL DI						
Date/ Time		- taratan a	OKA: OVIDALI	CTA CE	DATE / PIC		
Y	CHARARY L- COPLYXUII	1069991 Kent ;1	ORU- ONDATU	STAGE Non-Reporting ltr (1st):	DATE/TIC		
	X - 3 88828U2			Non-Reporting ltr (2nd):			
	80033110	200231102			Non-Reporting Itr (Final):		
				Notification ltr (if non-pickup):			
- 21/2	ANT sent out	1.4 letter	100	Call OI:			
1513	Grish Soul Out	(1) (2)		After call ltr to OI:			
				Documentation Check List: Ha	andler 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:	7		
				Medical Bill:			
				PIR:			
				Mandate/Reject Instruction:			
				LOD			
				Payment Breakdown Form:			
DDEL MAINT DE L'OSTOD	Date/Time:	Sent By:		Post-Repair Photos:			
PRELIMINARY ADVICE	Date I line.	John Dj.		Others:			
ETALL FOR A TOTAL	Data/Time:	Confirm with:		Confirm by:			
FINALIZATION	Date/Time:		%'	Email	Call		
Repair Cost:	S\$ (	days) Reduction:	/0	Email Call			
FINAL SETTLEMENT	Date/Time:			If NO or B 28, Ass. Lia:			
Final Liability:		Assessed) BOLA S/N No.:					
Repair Cost:	S\$	days)					
Loss of Rental (LOR):	S\$ ( S\$ (\$ x	days)		2,0			
Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI):		OR + LOI Tick only	onel				
LOR only LOU only		OK , LOI [Hekomy		1.2			
GIA/LTA Search	S\$			1) Claim status: Normal/Reje	ct/Private Settle		
Medical:	S\$	(e.g. Tow/ Indepen	ident)	2) Report Format:			
Disbursement:	S\$ S\$	(v.g. 1011/ Indoper		3) Survey fee:	**		
Legal Cost	S\$	Global Sum S\$:		- 1919 H			
Total:	Date/Time:	Confirm with:		Email Call			
FINAL PAYMENT							
Payee 1:	S\$	Name 1:		14	li e		
Payee 2: (Strike if N.A.)	S\$	Name 2:	13				
Pavee 3: (Strike if N.A.)	S\$	Name 3:					

Chara	REF: ASMCAX	(A)		
invegor Stevi		SSIGNMENT		4/01/17
			SHA 8784T	Yr Regn: 11/01/17
From:	Date: 22/3/10	Veh No:	M.Cycle / Bus / Van / Lo	orry / Taxi / Prime Mover /
Estimated Cost:			Trailer or	
OD (TP) WS / TP RES / OD RES / E	VA / INV / MV			c.c · 1-7
	HARTRAH	Make:	Hyundai 140 Yellow	A/C: Insured / Std / NI / NA
at Workshop m/s	ira Automotiv	Colour	2752/2	T/Radio: Insured / Std / NI / NA
3100	ing Automotive poration Roc	Sp.Reading	213212	
		Eng/No:	KMHLB414	IMUD 98.724
Insured:		C/No:	KMALIJUM	1-140 10 0 .
Policy No.		Gen. Cond:	Good / Fair / Poor / Bur	nt
Claims No.	Excess:	Steering: In	order / Jammed / Leake	d/Burnt or
Sum Insured:	EVCG99		order / Jammed / Leake	
(Client's Record)	110.	Modi: Ni	SIRIM I STD AIRIM	or 110011
Make of Veh:	Alex	Tyre Size:	F: 2	05/6°R16
			R:	/
(Policy Condition)	d its	O/S BS / DUN	EXNOVA / GY / FS / LIZ	ZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commence	d its	TOYOIN	OKO or TI	riangle
repair at the time of ins	pection.			Rear
Bal. or Market Value:		Front	1 5 mm	R/Bal. S - mm
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	9 0	L/Bal. 5 mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	0113/19	D.O.I. 22/3/19
Est. Repairs: da	* · · · · · · · · · · · · · · · · · · ·	D.O.A.	Nines	Authortive
Lum Sum: %	3 Val.: Yes or No	Survey h	eld at	our JANG LING / Roofton or
	CONS	Des. of D	amages : Frt / Rear / 0	DIS INS UIC / Rooftop or
CA / REV / REP. / 24 H	Vehicle	: IN / OUT		Rody Structure affected due to collision.
Date: Person C	ontacted:	The I		Body Structure affected due to collision.
Date / Time Action / Instru	ction			
				*
				1
	3.1			
Date/Time, File Pass to?	: Preli. Report		f Repair:	Survey Fee:
1)	: Final Report	Resurv	ey No. of Trip:	Transportation:
Date/Time, File Return to?			(\$	) S+RS, SI
2)		Add Fee:	Site Insp (\$	) Photos
-1			Interview (\$	
Report Format :			Tech. Invs (\$	) Others
Lump Sum / I.B.I: (\$	)		:Weekend (\$	
Lump Sum / LD.I. (4				TOTAL

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Company				
Owner ID Type:	2839G				
Owner ID: Vehicle Details					
Vehicle No.:	SHA8784T				
Vehicle to be Exported:	Yes				
Intended Deregistration Date:	22 Mar 2019				
Vehicle Make:	HYUNDAI 140 1.7 CRDI F/L AT ABS AIRBAG 4DR				
Vehicle Model:					
Primary Colour:	Yellow				
Manufacturing Year:	2016				
Engine No.:	D4FDGU706871				
Chassis No.:	KMHLB41UMHU098304				
Maximum Power Output:	100.0 kW (134 bhp)				
Open Market Value:	\$20,165.00				
Original Registration Date:	11 Jan 2017				
First Registration Date:	11 Jan 2017				
Transfer Count:	0 \$20,231.00				
Actual ARF Paid: Intended PARF Rebate Details					
PARF Eligibility:	Yes				
PARF Eligibility Expiry Date:	10 Jan 2025				
PARF Rebate Amount: Intended COE Rebate Details	\$15,173.00				
COE Expiry Date:	10 Jan 2025				
COE Category:	A - Car up to 1600cc & 97kW (130bhp)				
COE Period(Years):	8				
PQP Paid:	\$40,516.00				
COE Rebate Amount:	\$29,379.00				
Total Rebate Amount:	\$44,552.00  be further renewed. The vehicle must be de-registered upon COE expiry or when the				

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Mar 2019