INS. CASE OWNER		CC b/ MG 1900	9742,	U Cas DAC	;	
Surveyor:	when	ASSIGNM DOI: ASSIGNM	ENT	Date / Time : 3	16/9	
Insured Vehicle No. Name of Insured Insured Tel No. Excess Sec II:S\$ Is driver the owner?	SIR 67	HP:	Claim No. Policy No. Make / Model Place of Accid		3/6/19	h~
If NO, Driver Nam Driver Tel N		(V/L: YES / NO-)	OI GIA REPO	RT: YES / NO ; TP GIA R ty: % Final	EPORT: YES / NO ? Yes / No	
SJP SM6	€		15			
Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability:	9
Date/ Time						
	STR 6313A 3 NAFIM	Add: Anlgolloch	: 31/5/19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-picku Call OI:	DATE / PIC	
				After call ltr to OI:		
				Documentation Check List	t: Handler Typist	
				Notification ltr (if non-picku	p) - [
		(5)		After call ltr to OI:	- 1,1 ·	
			F	Authorisation To Act:		
	Y			Release Voucher:		=
	4			Final Repair Bill: Car Rental Invoice:		
				Towing Invoice		
t t				LTA / GIA :		=
7				Medical Bill:		
			2 2 2 2 2	PIR:		125.7
	P ₂		9 7 5	Mandate/Reject Instructio	m·	
				LOD	7 2	
				Payment Breakdown Forn	a: [
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
TYPELY YOU DECAY				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost: FINAL SETTLEMENT	S\$ (days) Reduction:	%'	Email	Call	
Final Liability:	Date/Time: (Agreed /	Confirm with		Email Call		
Repair Cost;	S\$ (Agreed /	Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	0	- 1
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only		OR + LOI [Tick only one]				
GIA/LTA Search	S\$	Larry and and	2/			
Medical:	S\$			1) Claim status: Normal/R	eject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:		
Legal Cost	S\$		8	3) Survey fee:		
Total:	S\$	Global Sum S\$:		PATRICIA DE LA CASA DEL CASA DE LA CASA DEL CASA DE LA		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:		4,	ř	
Payee 3: (Strike if N.A.)	S\$	Name 3:		CONTRACTOR S C ANGULA VI. NO ASSESSMENT OF THE		

SS. REC. BY: M'Creus	Alw	
K	ASSIGNMENT	2 90
rom: Date:		66 Yr Regn: 3 109
stimated Cost:	Type: M.Car / M.Cycle / Bus / \	/an / Lorry / Taxi / Prime Mover /
DITP TOWS ! TP RES! OD RES! EVA! INV! MV	Truck / Trailer or	1/1
o Inspect Vehicle No: STP (-27	Make: Mulde i	Avente c.c 15-91
t Workshop m/s Linch	0	A/C: Insured / Std / NI / NA
.73		T/Radio: Insured / Std / NI / NA
sured: SLR 6713A	Eng/No:	thread.
olicy No.	C/No: KMH	D44/BR947/f674
laims No.	Gen. Cond: Godd / Fair / Poor	/ Burnt
um Insured: Excess:	Steering: Inorder / Jammed / L	_eaked / Burnt_or
(Client's Record)	Brake: (norder Jammed / L	Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Ram / STD A	/Rim or
	Tyre Size: F:	95/6-ns
(Policy Condition)	R:	/ 04
Remark: The veh had commenced its	N/S O/S BS / DUN / EXNOVA / GY / FS	S / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or	Foller
Bal, or Market Value:	Front	Rear
DAC Accident Rport: Consistent? : Yes or	No R/Bal. 6 mm	n R/Bal. 0 mm
GIA RR/Seen Consistent?: Yes or	No L/Bal. 6 mm	L/Bal. 6, / mm
Est. Repairs: days Res.: Yes or	No D.O.A. 31/5/18	D.O.I. 3/6/18
Lum Sum: % 3 Val.: Yes or	No Survey held at	
	Des. of Damages : Frt / Rear	I OIS I NIS I UIC I Rooftop or
CA / REV / REP. / 24 HRS	ehicle: IN / OUT	er & A.
Date: Person Contacted: 474 /2	The U/C / Chassis frame	Body Structure affected due to collision
Date / Time Action / Instruction 302 31-1-2024 csy/1/4	4,55 fabls. N.4 (1880)	
		F
	1	
Date/Time, File Pass to? : Preli. Report	Davis Of Banairi	
	Days Of Repair:	Survey Fee:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip:	Survey Fee: Transportation:
	Add Fee: : Site Insp (\$)S+RS,SI
) Photos
2)	I Interview (\$	
	: Interview (\$	
Report Format : Lump_Sum / I.B.I: (\$: Interview (\$: Tech. Invs (\$: Weekend (\$) Others ·

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quire PARF/COE Rebate for Registered	venicie		
Vehicle Owner Particulars	Circona NDIC		
Owner ID Type:	Singapore NRIC		
Owner ID: Vehicle Details	36551		
Vehicle No.:	SJP5226E		
Vehicle to be Exported:	No		
Intended Deregistration Date:	05 Jun 2019		
Vehicle Make:	HYUNDAI		
Vehicle Model:	HD AVANTE 1.6 A		
Primary Colour:	Grey		
Manufacturing Year:	2009		
Engine No.:	G4FC9U622680		
Chassis No.:	KMHDU41BR9U718674		
Maximum Power Output:	89.7 kW (120 bhp)		
Open Market Value:	\$11,974.00		
Original Registration Date:	27 Mar 2009		
First Registration Date:	27 Mar 2009		
Transfer Count:	2		
Actual ARF Paid: Intended PARF Rebate Details	\$735.00		
PARF Eligibility:	Forfeited		
PARF Eligibility Expiry Date:	¥		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00		
COE Expiry Date:	31 Jan 2024		
COE Category:	A - Car (1600cc & below)		
COE Period(Years):	5		
PQP Paid:	\$13,024.00		
COE Rebate Amount:	\$12,120.00		
Total Rebate Amount: Message	\$12,120.00		
Please note that the 5-year COE for this vehicle cannot I vehicle reaches its statutory lifespan (if applicable), which	be further renewed. The vehicle must be de-registered upon COE expiry or when the chever is earlier.		

The information contained herein is correct as at 03 Jun 2019

OK

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Price \$27,800

\$5,860 /yr

Reg Date

16-Mar-2009

(4yrs 8mths 26days COE left)

Mileage

Road Tax ①

130,000 km (12.7k /yr)

Manufactured 🕜

2009

Auto

Dereg Value

Depreciation ①

\$12,208 as of today (change)

Transmission

\$11,943

COE 7

\$12,864

\$738 /vr

ARF

OMV (7)

\$11,943

Engine Cap

1,591 cc

Power

89.7 kW (120 bhp)

Curb Weight ① Type of Vehicle

1,264 kg

Mid-Sized Sedan

No. of Owners ①

Features

1.6L 4 Cylinders 16 Valves DOHC VVT Engine, 120 BHP, 4-Speed Auto Transmission, Digital Aircon Controls, Electric Power Steering, ABS, Airbags. View specs of the Hyundai Avante (2007-2011)

Accessories

Newly Done Up Full Bodykit, Leather Seats, Upgraded Sport Rims, Pioneer Audio Player, Reverse Sensor, Alarm Remote, Spacious Rear Boot Space.

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