5/3	5/201	0		

ı	LKK:	
1		
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INS. CASE OWNER	R:	CC4/89/1	190 (1015)	M da 2 IDAC:	
		ASS	GIGNMENT	12	07/2019
Surveyor:	MAHMS	DOI:	12/2/19	Date / Time :	01/200
				Registered in Merimen:	
Pre-assign / CCU	/ FTE				
	(ID KU)	LCH	or		
Insured Vehicle No	0. :	/3 .1	Claim No.	:	
Name of Insured	1		Policy No.	:	
Insured Tel No.		HP:	Make / Model		
		D.O.A: 17/19			
Excess Sec II :SS			Place of Accid	lent :	
Is driver the owner	? (YES / NO)	Nature of Accident :			
If NO, Driver Nar	me / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPOR	T: YES / NO
Driver Tel	No.:	(V/L: YES / NO)	Insured Liabil	ity: % Final? Yes	/No
SMH 4978	16				
, ,, ,, ,,					
INSRS:	INSRS:		INSRS:	INSRS	jt.
WSP: Quan	WSP:		WSP: Tel:	WSP: Tel:	
Tel: Liability:	Liability	. 8	Liability:	Liabili	ty:
RMKS:	RMKS:		RMKS:	RMKS	
	1		20000	100000	
Date/ Time	Contract of V	(10 (/10))	1 1		
	SMH 40/78 C. X:	s us 5435 F	1, 1	STAGE	DATE / PIC
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
1				Notification ltr (if non-pickup):	
	W-W-W-			Call OI:	
20				After call ltr to OI:	
				Documentation Check List: Ha	ndler 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	
RELIMINARY ADVICE	Date/Time:	Cont D		Payment Breakdown Form:	
RELIVINARI ADVICE	Date/Time.	Sent By:		Post-Repair Photos: Others:	
INALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (%	Confirm by:	Call
INAL SETTLEMENT		days) Reduction:	70	Email Call	Joan
inal Liability:		Assessed) BOLA S/N No.		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$	1330300) DOLA 3/N NO.		11 110 01 D 20, A33. Lld .	
oss of Rental (LOR):	S\$ (days)			
oss of Use (LOU):	S\$ (\$ x	days)			
oss of Income (LOI):	S\$ (\$ x	days)	A Company of the Comp		
OR only LOU only		R + LOI Tick on	nly one]		
GIA/LTA Search	S\$	Later			
Medical:	S\$			1) Claim status: Normal/Reject/	Private Settle
Disbursement:	S\$	(e.g. Tow/ Inde	pendent)	2) Report Format:	
egal Cost		1 = 2 10 x 22 x 22 x 22 x 2	ric Allian	3) Survey fee:	www.
Total:	SS	Global Sum S\$:	DOM: ()		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)		Name 2:			
Payee 3: (Strike if N.A.)		Name 3:	and the second		
THE RESERVE AND ADDRESS OF THE PARTY OF THE	A ST TOTAL TO ANY THINK WE SHALL THE STATE OF THE STATE O	AND RESIDENCE AND POST OF THE RESIDENCE AND PARTY AND PARTY AS ADDRESS OF THE	THE R. P. LEWIS CO., LANSING, MICH.	The same of the sa	

(08/11/13) wef	REF:	12/	
ASS. REC. BY: MCreus	- KEF.	En:/	
		ASSIGNMENT	(2.2.0-
	Date:	Veh No: SMH	49 7 GYr Regn:
From:	Date.	Type: M.Carl M.Cycle / Bu	s / Van / Lorry / Taxi / Prime Mover /
Estimated Cost: OD TP WS / TP RES / OD RE	C LEVA LINV I MV	Truck / Trailer or	
	5MH 4978	Make: Myu	nde; Augnteau
To Inspect Vehicle No:	Quen De	Colour PS/c	A/C: Insured / Std / NI / NA
at Workshop m/s	When it	Sp.Reading ///7	T/Radio: Insured / Std / NI / NA
of			0
Insured:	****	C/No:	MHD&41CMKU8497
Policy No.		Gen. Cond: Good / Fair / F	Poor / Burnt
Claims No.			ed/Leaked/Burnt or afth
Sum Insured:	Excess:		ed / Leaked / Burnt or
(Client's Record)			
Make of Veh:		Modi: Nil / S/Bim LS	ID AKIM OF
		Tyre Size: F:	198/65-11
(Policy Condition)		R:	
Remark: The veh had comme	enced its	N/S O/S BS / DUN / EXNOVA / G	//FS/LIZA/MIC/OHTSU/PIR/SUMI/
repair at the time of	inspection.	TOYO / YOKO or	Ne xe1
Bal. or Market Value:		Front	Rear
IDAC Accident Rport:	Consistent?: Yes or N	lo R/Bal. 9	mm R/Bal. 9 mm
GIA / PR Seen:	Consistent? : Yes or N	No L/Bal. 9	mm L/Bal. 9 mm
Est. Repairs:	days Res.: Yes or	No D.O.A.	D.O.L. 27/7/6
Lum Sum:	% 3 Val.: Yes or	No Survey held at	•
		Des. of Damages : Frt /	Rear I O/S I N/S I U/C I Rooftop or
CA / REV / REP. / 24	4 HKS	hicle: IN / OUT	015 29.8
Date: Perso	n Contacted:	The U/C / Chassis	frame / Body Structure affected due to collision.
Date / Time Action / Ins	struction		
		make and other feether later (see the contract framework to	
		30	
			200
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
1)	: Final Report	Resurvey No. of Tri	
Date/Time, File Return to?			Transportation:
2)		Add Fee: : Site Insp (\$	
		: Interview (\$	
Report Format :		: Tech. Invs (); Others
Lump Sum / I.B.I: (\$: Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: /ehicle Details	372Z
/ehicle No.:	SMH4978G
/ehicle to be Exported:	No
ntended Deregistration Date:	26 Jul 2019
/ehicle Make:	HYUNDAI
/ehicle Model:	AD AVANTE 1.6 GLS (A)
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	G4FGJU078503
Chassis No.:	KMHD841CMKU849787
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,194.00
Original Registration Date:	25 Jan 2019
First Registration Date:	25 Jan 2019
Fransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$12,194.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2029
PARF Rebate Amount: ntended COE Rebate Details	\$9,145.00
COE Expiry Date:	24 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,170.00
COE Rebate Amount:	\$24,847.00
Total Rebate Amount:	\$33,992.00

The information contained herein is correct as at 26 Jul 2019

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