15/5/2010		Ī		LK	κ.	
INS. CASE OWNE	D.	CC 3 / CT1 2000	14227 / F	p s 3	r.	
INS. CASE OWNE.	K.	ASSIGN		030		
Surveyor:	Ram		3 2020	te / Time :	13/2020	
Pre-assign / CCU	/FTE		Re	gistered in Merimen:		
Insured Vehicle N	o. : _ SKL 698	8.8	Claim No. :			
Name of Insured	:		Policy No. :	0		
Insured Tel No.	1	HP:	1201945.000000 0 1145.000000-00	3		
Excess Sec II :SS	* *************************************		Make / Model :			
		D.O.A: 17/3/2020	Place of Accident:			
Is driver the owner		Nature of Accident :				
If NO, Driver Name / Age:		2.2 2.2 7.2 7.2		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO		
Driver Tel	No. :	(V/L: YES / NO)	Insured Liability:	% Fin	al? Yes/No	
SHD 363	<u> 7c</u>		(**************************************			
INSRS: WSP: Comforte Tel: Liability: Cloya RMKS:	lelgn WSP: Tel: Liabilir RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
		4C190183/5/Klyf3s2,	7 7 1	AGE	DATE / PIC	
	34-69802: NS/IN	22004714 (1485; NO		on-Reporting ltr (1st): on-Reporting ltr (2nd):		
			No	on-Reporting ltr (Final)		
				otification ltr (if non-pio ll OI:	:kup):	
				ter call ltr to OI:		
				ocumentation Check I		
***************************************				tification ltr (if non-pieter call ltr to OI:	:kup)	
4				thorisation To Act:		
			Re	lease Voucher:		
			Fir	nal Repair Bill:		
3				r Rental Invoice:		
	•			wing Invoice		
				A / GIA : edical Bill:		
			PI			
			Ma	andate/Reject Instruc	tion:	
				DD		
PRELIMINARY ADVICE	Date/Time:	Sent By:		yment Breakdown Fo est-Repair Photos:	orm:	
·		Some Dy.		hers:		
FINALIZATION	Date/Time:	Confirm with:		onfirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Em	ail Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		nail Call		
Final Liability:		Assessed) BOLA S/N No.:	If	NO or B 28, Ass. Lia	ı:	
Repair Cost: Loss of Rental (LOR):	S\$ S\$ (days)				
Loss of Use (LOU):	S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)				
LOR only LOU only		OR + LOI [Tick only on	e]			
GIA/LTA Search Medical:	S\$			Clair at the N	1/Dainat/Dainate Catil	
Medical: Disbursement:	S\$ S\$	(e.g. Tow/ Independe		Claim status: Norma Report Format:	al/Reject/Private Settle	
Legal Cost	S\$	(e.g. 10w/ mucpende		Survey fee:		
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:	En	nail Call		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:	1			
. LJCC J. (BUIKE II IV.A.)	50	INAILE 3.			N-	

ASSIGNMENT

From: Date:	Veh No: SHD3637C Yr Regn: 29/9/12016
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: Hyundai 120 c.c 1685
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 63 6058 T/Radio: Insured / Std / NI / NA
Insured: SK L 6988S	Eng/No:
Policy No.	C/No: KMHL 8410MJ U093679
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/60 R16
(Policy Condition)	R:
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 OF hour took
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 17/03/2020 D.O.I. 18/08/2020
Lum Sum: % 3 Val.: Yes tor No	Survey held at confordely ro (covang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Mo Policy 1.	C - 13
SHD 3637C- NSIINC 190173115 KIU	f352 1.0A-15/10/2019 LP)
SKL 69885-X	
	(Chma)
ate/Time, File Pass to? : Preli. Report D	ays Of Repair:
	esurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$) _s + Rs_si
eport Format :	: Tech. Invs (\$) Others
ump Sum/LEJ: (\$)	:Weekend (\$\frac{\partial}{2}\)
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Company		
Owner ID Type:	821R		
Owner ID:	021K		
Vehicle Details	SHD3637C		
Vehicle No.:	No No		
Vehicle to be Exported:	19 Mar 2020		
Intended Deregistration Date:	HYUNDAI		
Vehicle Make:	140 1.7 CRDI F/L AT ABS AIRBAG 4DR		
Vehicle Model:	Blue		
Primary Colour:	2016		
Manufacturing Year:	D4FDGU651814		
Engine No.:			
Chassis No.:	KMHLB41UMGU093679		
Maximum Power Output:	100.0 kW (134 bhp)		
Open Market Value:	\$18,899.00		
Original Registration Date:	29 Sep 2016		
First Registration Date:	29 Sep 2016		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$18,899.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	28 Sep 2024		
PARF Rebate Amount: Intended COE Rebate Details	\$14,174.00		
COE Expiry Date:	28 Sep 2024		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	8		
PQP Paid:	\$42,672.00		
COE Rebate Amount:	\$24,136.00		
Total Rebate Amount:	\$38,310.00		

The information contained herein is correct as at 19 Mar 2020

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