15/5/2010		-		
INS. CASE OWN	ER: JOEL	CC 3 / CTI	17023050 /	Kleaz DAC:
	,		ASSIGNMENT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Surveyor:	<u>KALVIN</u>	DOI:	04/2/17	Date / Time:
Pre-assign / CC	U / FTE			Registered in Merimen:
Insured Vehicle		+00-3		
***	No. :	58052	Claim No.	1
Name of Insured	:		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	
Excess Sec II :SS		D.O.A: 02/12/	Place of Accid	lent :
Is driver the owner	er? (YES / NO	) Nature of Accident :		
If NO, Driver Na	ame / Age :	_	OI GIA PEDO	DPT- VES /NO . TP OV . PPPCP .
Driver Te	1 No. :	(V/L: YES / N	O) Insured Liabil	ORT: YES / NO; TP GIA REPORT: YES / NO ity: % Final? Yes / No
SHO 1485	∠ →			
INSRS:		NSRS:	-	
WSP: Premie	A	VSP:	INSRS: WSP:	INSRS:
Tel: Liability:	41 13	el:	Tel:	WSP: Tel:
RMKS:	1177 -1171	diability:	Liability:	Liability:
Date/ Time	1	aviito.	RMKS:	RMKS:
	SHD 14856 -	×		
	WC 5805Z -	X		STAGE DATE / PIC  Non-Reporting ltr (1st):
				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:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:
FINALIZATION	D-4-75"			Others:
Repair Cost:	Date/Time:	Confirm with		Confirm by:
FINAL SETTLEMENT	Date/Time:	days) Reduction: Confirm with	%	Email Call
Final Liability:		reed / Assessed) BOLA S/N N	fa .	Email Call
Repair Cost:	S\$	ced / Assessed) BOLA S/N N	0. ;	If NO or B 28, Ass. Lia:
Loss of Rental (LOR):	S\$ (	days)		
Loss of Use (LOU):	S\$ (\$	x days)		
Loss of Income (LOI):	S\$ (\$	x days)		
LOR only LOU only	LOR + LOU	LOR + LOI [Tick	only one]	
GIA/LTA Search Medical:	S\$			
Disbursement:	S\$ S\$	(a - m. /r	I1 ()	1) Claim status: Normal/Reject/Private Settle
	S\$	(e.g. Tow/ Inc		2) Report Format:
	SS	Global Sum S\$:		3) Survey fee:
	Date/Time:	Confirm with:	=	Email Call
	S\$	Name 1:		
	S\$	Name 2:		_ 2 04
Payee 3: (Strike if N.A.)	S\$	Name 3:		

Surreyor Kaluin REF:				
The state of the s	ASSI	GNMENT	_	
From: Date:		Veh No: SH	PIXBL YREGN: ASH, 22	
Estimated Cost:			Bus / Van / Lorry / Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or	5	
To Inspect Vehicle No:		Make:	indi 570 0.0 1582	
at Workshop m/s		Colour Silv	A/C: Ins Ged / Std / NI / NA	
of			T/Radio: Instred / Std / NI / NA	
Insured:		Eng/No:		
Policy No.		C/No: 7	MAP2814VHJ1x188	
Claims No.		Gen. Cond: Good / Fair /		
Sum Insured: Excess:		Steering: In orger / Jammed / Leaked / Burnt or		
(Client's Record)		Brake: Ino@er / Jammed / Leaked / Burnt or		
Make of Veh:		Modi: Nil / S/Rim / S	A/Rim or	
	1"	Tyre Size: F:	195/651.5	
(Policy Condition)		R:		
Remark: The veh had commenced its	N/S O/S	BS / DUN / EXNOVA / G	Y / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.		TOYO / YOKO or	Hankale.	
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. 2/12/1	D.O.I. 4/12/12	
Lum Sum: % 3 Val.: Yes	or No	Survey held at	Prience	
CA / REV / REP. / 24 HRS		Des. of Damages : Frt /	Rear / O/Ş / N/S / U/C / Rooftop or	
	Vehicle: IN / OUT		o/s Rea	
Date: Person Contacted:		The U/C / Chassis f	rame / Body Structure affected due to collision.	
Date / Time Action / Instruction				
			(72	
9				
9.				
Date/Time, File Pass to? : Preli. Report	1	Days Of Repair:		
: Final Report		Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?			Transportation:	
2)	Add Fee:	: Site Insp (\$	)S + RS,SI	
		: Interview (\$	) Photos	
Report Format :		: Tech. Invs (\$	) Others	
Lump Sum / I.B.I: (\$	)	:Weekend (\$	)	
			TOTAL	

REF:

## **Enquire Vehicle Registration Details**

Owner Particulars

NRIC/Passport/Company Cert

No.:

200304975H

Owner ID Type:

Company

Owner Name:

PREMIER TAXIS PTE. LTD.

Registered Address:

23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443

Mailing Address:

Birth Date: Vehicle Particulars

Vehicle No.:

SHD1485L

Previous Vehicle No.:

Effective Date of Ownership:

17 Oct 2017

Original Regn Date:

17 Oct 2017

Registration Date:

17 Oct 2017

Year of Manufacture:

2017

Vehicle Type:

Public Transport Taxi (Motor Car)

Vehicle Scheme:

Taxi (Company)

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

Vehicle Attachment 3:

HYUNDAI

Vehicle Make: Vehicle Model:

130 GDH 1.6 TCI 5DR DCT

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

Chassis No.:

TMAD281UVHJ141988

Engine No.:

D4FBHZ172981

Engine Capacity/Power

Rating:

1582 cc/-

Maximum Power Output:

100.0 kW (134 bhp)

Propellant:

Diesel

Max Unladen Weight:

1496 kg

Maximum Laden Weight:

1940 kg

Open Market Value:

\$20,019.00