15/5/2010

INS. CASE OWNER: CC 3, OBE180 22921, Tlea3

LKK:

IDAC:

ASSIGNMENT

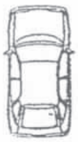
Surveyor: MTH

DOI: 20/12/18

Date / Time : 20/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SBU 5C

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 19/12/2018

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

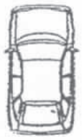
Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

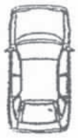
Insured Liability : % **Final ? Yes / No**

SHO 1404 X → ______ → ______ → ______

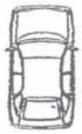
INSRS:
WSP: Premmer
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHO1404X - CC3/M180101581/Tlea392 ; DOA: 22/8/18
	- CC4/AHA18012024/Klea3 ; DOA: 17/7/18
	- CC4/ARA 18014447 /Klea3 ; DOA: 6/8/18
	- CC7/CQU 17023867/Klea3n2 ; DOA: 21/12/17
	- CS/MSA17018893/Klea3n2 ; DOA: 29/9/17
	SBU5C - X

STAGE	DATE / PIC
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
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	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	S$ **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3:

Surveyor Taufik | REF: QBE

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMD1404X Yr Regn: 2017 / June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Hyundai 130 c.c 1582.

Colour Si/ne A/C: Insured / Std / NI / NA

Sp.Reading 157802. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TMAD281 4VA J1 28015

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxxis

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	20/12/18

Survey held at Komoco

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Frt N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

Text size + -

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.:	SHD1404X
Previous Vehicle No.:	-
Effective Date of Ownership:	29 Jun 2017
Original Regn Date:	29 Jun 2017
Registration Date:	29 Jun 2017
Year of Manufacture:	2016
Vehicle Type:	Public Transport Taxi (Motor Car)
Vehicle Scheme:	Taxi (Company)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	HYUNDAI
Vehicle Model:	I30 GDH 1.6 TCI 5DR DCT
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	TMAD281UVHJ128015
Engine No.:	D4FBGZ122114
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:	$20,545.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2025
Minimum PARF Benefit:	$7,957.00
No. of Transfers:	0
IU Label No.:	1050700335
COE No.:	2017062901003961Z
COE Expiry Date:	28 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category:	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	- / $50,625.00
PQP Paid:	$40,500.00
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No