

**ASSIGNMENT**

Surveyor: RAM DOI: \_\_\_\_\_ Date / Time : 17/12/2019  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 1020K Claim No. : D19007900MFSH  
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-19092580MFSH  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : HYUNDAI IONIQ  
**Excess Sec II :S\$** D.O.A : 12/12/2019 19:30 Place of Accident : ALONG SIMS AVE EAST  
Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_  
If NO, Driver Name / Age : GOH HIN KOON OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

**SHC 6418D**



INSRS: \_\_\_\_\_  
WSP: PREMIER  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
SHC 6418D - CC3/III18019825/K1pa3q2; DOA:29.10.18	Non-Reporting ltr (1st):	
-CC3/III16023928/H1eb3q2; DOA: 12.12.16	Non-Reporting ltr (2nd):	
SHA 1020K - CS/FCI19003112/R1sd3s2; DOA: 11.02.19	Non-Reporting ltr (Final):	
- CS/FCI18021664/Aqbn2; DOA: 30.11.18	Notification ltr (if non-pickup):	
- CC4/ASM18017220/K1pa3q2; DOA: 19.09.18	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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:	
<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		



Text size + -

**Enquire Transaction History**

**Transaction History Details**

Log Date/Time:	09 Mar 2015 / 10:13:38	Receipt No.:	AACCK001-AX239-150309-000013
Asset Type:	Vehicle	Transaction Amount:	\$65,354.00
Asset ID:	SHC6418D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150309101338224348		

Vehicle No.:	SHC6418D
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	09 Mar 2015
Original Registration Date:	09 Mar 2015
Vehicle Make:	KIA
Vehicle Model: ....	OPTIMA.1.7(A) DIESEL
Chassis No.:	KNAGM414MF5588223
Engine No.:	D4FDEH313328
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2014
Open Market Value:	\$21,158.00
Minimum PARF Benefit:	\$8,473.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	09 Mar 2015 10:13:38
COE No.:	2015030901002142E
COE Expiry Date:	08 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	08 Mar 2023