15/5/2010

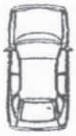
INS. CASE OWNER: MERINA CHIA | CC4/FCI19022525/T1da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 24/12/2019 Date / Time : 23/12/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9878A

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 18.12.2019

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : LOH YUE KONG

Driver Tel No. : +65-83588437 (V/L: YES / NO)

Claim No. : D19008016MFSH

Policy No. : D-19092579MFSH

Make / Model : HYUNDAI I40

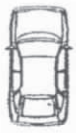
Place of Accident : PEOPLES PARK COMPLEX TAXI STAND

Nature of Accident :

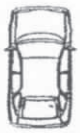
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

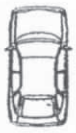
PC 7798E → → →



INSRS:
WSP: EM-1 AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC 7798E - X SHA 9878A - CS/FCI18006196/Kqbn2; DOA: 27.3.18 - NS/INC17012234/Gvbe2; DOA:21.6.17

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:	

ASS. REC. BY: Tanfh

REF: FCI

ASSIGNMENT

From:

Date: 24/12/19

Estimated Cost:

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

To Inspect Vehicle No: PC7798E

at Workshop m/s EM-1 Auto

of Blk 8 #01-68 Sin Ming Ind. Est.

Insured: see. C.

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh: After 9.30am

(Policy Condition)

N/S	O/S

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

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: PC7798E Yr Regn: 2019 / Feb.

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

Make: Toyota Hiace Commuter. c.c 2754

Colour: white A/C: Insured / Std / NI / NA

Sp.Reading: 81722 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GDH 2232 001048

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: 215/65R16

R: " -

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	24/12/19 @ 11am	

Survey held at EM-1 Auto

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

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	

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FIRST CAP

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	839K

Vehicle Details

Vehicle No.:	PC7798E
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	1GD8347226
Chassis No.:	GDH2232001048
Maximum Power Output:	-
Open Market Value:	$34,814.00
Original Registration Date:	26 Feb 2019
First Registration Date:	26 Feb 2019
Transfer Count:	0
Actual ARF Paid:	$1,741.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	25 Feb 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$26,230.00
COE Rebate Amount:	$24,059.00
Total Rebate Amount:	**$24,059.00**

The information contained herein is correct as at 23 Dec 2019

OK