

INS. CASE OWNER: KAREN TAN

CC4/FCI20001669/Nka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: NAZ

DOI: 30/01/2020

Date / Time : 30/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7706J

Claim No. : D20000656MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA PRIUS

Excess Sec II : S\$

D.O.A : 27/01/2020 06:45

Place of Accident : CHANGI COAST ROAD

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

If NO, Driver Name / Age : WONG PENG HON

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

Driver Tel No. : +65-96669763

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 6856Y

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
	SH 7706J - CC3/III16017319/M1wb3q2; DOA:11.09.16		Non-Reporting ltr (1st):	
	- CS/FCI18017093/Urd3n2; DOA: 09.09.18		Non-Reporting ltr (2nd):	
	SHC 6856Y - CC3/III18020524/K1ha3q2; DOA: 11.11.18		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\$ 4,750.00 (6 days) Reduction: 6,816.10/59 % Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: 30/10/2020 Confirm with VINCENT Email ☒ Call ☐				
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :				
Repair Cost: (W/GST) S\$ 5,082.50				
Loss of Rental (LOR): S\$ 930 (10 days) X \$93				
Loss of Use (LOU): S\$ (\$ x days)				
Loss of Income (LOI): S\$ 400.00 (\$ 40 x 10 days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]				
GIA/LTA Search S\$ 50				
Medical: S\$				
Disbursement: S\$ (e.g. Tow/ Independent)				
Legal Cost S\$				
Total: S\$ 6,462.50 Global Sum S\$: 6,320				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Payee 1: S\$ 6,320.00 Name 1: Premier Automotive Services Pte Ltd				
Payee 2: (Strike if N.A.) S\$ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ Name 3: _____				

ASS. REC. BY:

NA2

REF:

FCI

ASSIGNMENT

From:

Date:

30/1/2020

Estimated Cost:

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

To Inspect Vehicle No:

SHC 6856Y

at Workshop m/s

Premier Automotive

of 23 Changi South Avenue 2 #01-02

Insured:

Policy No.

Claims No.

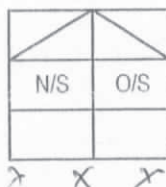
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (wp)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 6856Y

Yr Regn: 25EP2015

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

Truck / Trailer or

Make:

KIA OPTIMA

Colour:

SILVER

A/C:

C.C. 1, 685
Insured / Std / NI / NA

Sp. Reading

413,822

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAGM414MF5619948

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:

205 / 65 R16

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Achilles

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

27/01/2020

D.O.I.

30/01/2020

Survey held at

PREMIER CHANGI

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

FCI 4/5

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format:

Lump Sum / I.B.E. (\$

4824.40

2236.20

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	02 Sep 2015 / 08:05:01	Receipt No.:	AACCK001-AX239-150902-000021
Asset Type:	Vehicle	Transaction Amount:	\$69,132.00
Asset ID:	SHC6856Y	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150902080501867408		

Vehicle No.:	SHC6856Y
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:	02 Sep 2015
Original Registration Date:	02 Sep 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5619948
Engine No.:	D4FDEH313527
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:	2015
Open Market Value:	\$21,156.00
Minimum PARF Benefit:	\$12,971.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	02 Sep 2015 08:05:01
COE No.:	2015090201003474G
COE Expiry Date:	01 Sep 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$47,373.00
Lifespan Expiry Date:	01 Sep 2023