15/5/2010

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	
	SH 7706J - CC3/III16017319/M1wb3q2; DOA:11.09.16
	- CS/FCI18017093/Urd3n2; DOA: 09.09.18
	SHC 6856Y - CC3/III18020524/K1ha3q2; DOA: 11.11.18

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: 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.**

N/S	O/S
X	X

Bal. or Market Value:

IDAC Accident Rport: | 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: 25 SEP 2015

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

Make: KIA OPTIMA | c.c 1,685

Colour SILVER | A/C: **Insured / Std / NI / NA**

Sp.Reading 43,822 | 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.

FC L/S

Date / Time	Action / Instruction
	4824.40
	2236.20

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:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

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