15/5/2010

INS. CASE OWNER: RACHEL WU | CC4/FCI20001924/Fea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 03/02/2020 Date / Time : 03/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2978R Claim No. : D20000736MFSH X

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

Insured Tel No. : HP: Make / Model : HYUNDAI IONIQ

Excess Sec II :S$ D.O.A : 31/01/2020 10:30 Place of Accident : GARDEN BY THE BAY

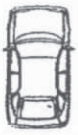
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : LEE BAN GUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96179185 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 1410C → → →

INSRS:
WSP: Premier Automotive Services
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 1410C - CC3/MSG14022563/H1tj3u2; DOA: 29.11.14
	SHA 2978R - NS/INC19015144/K1vf3n2; DOA: 06.03.18
	- NS/INC19015144/K1vf3n2; DOA: 26.08.19

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: Ram | REF FCI

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: SHD1410C Yr Regn: 29/06/2017

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

Make: Hyundai i30 c.c. 1582

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

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

Eng/No: –

C/No: ~~K~~TMAD281UVH5128029

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. 31/01/2020 D.O.I. 3/02/2020

Survey held at ~~Fuller~~ premier (changi

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

N/S

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

Date / Time	Action / Instruction

3196.90
83.44

Date/Time, File Pass to?
1) ☐ : Preli. Report
☐ : 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 + IG: $
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.:	SHD1410C
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.:	TMAD281UVHJ128029
Engine No.:	D4FBGZ122868
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.:	1050706226
COE No.:	2017062901003984C
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