

INS. CASE OWNER:

MAY CHUA

CC4/FCI20002107/Fda3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

RAM

DOI: 05/02/2020

Date / Time : 05/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6500S

Claim No. : D20000800MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A : 01/02/2020 17:00

Place of Accident : ANG MO KIO HUB TAXI STAND

Is driver the owner? (YES / ☒)

Nature of Accident : _____

If NO, Driver Name / Age : BOI SECK KONG @BOEY SECK KONG OI GIA REPORT: ☒ / NO ; TP GIA REPORT: ☒ / NO

Driver Tel No. : +65-83522763

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 6978D

INSRS:
WSP: PREMIER
Tel: AUTOMOTIVE
Liability: SERVICES
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		
	SH6500S - CS3/FCI19010473/Gcd3s2; DOA: 11.06.19	STAGE
	- CS/FCI18019145/T1sd3n2; DOA: 12.10.18	DATE / PIC
	- CS/FCI17008983/T1vbf2; DOA: 05.05.17	Non-Reporting ltr (1st):
	SHB 6978D - NS/INC20001973/Ftd3; DOA : 01.02.2020	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) <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"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: S\$	(days) Reduction: %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: S\$		If NO or B 28, Ass. Lia :
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:
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
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:	04 Dec 2015 / 09:13:21	Receipt No.:	AACCK001-AX239-151204-000009
Asset Type:	Vehicle	Transaction Amount:	\$68,285.00
Asset ID:	SHC6978D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151204091321197553		

Vehicle No.:	SHC6978D
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:	04 Dec 2015
Original Registration Date:	04 Dec 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5642996
Engine No.:	D4FDFH314199
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:	\$21,913.00
Minimum PARF Benefit:	\$13,607.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	04 Dec 2015 09:13:21
COE No.:	2015120401003355R
COE Expiry Date:	03 Dec 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$45,466.00
Lifespan Expiry Date:	03 Dec 2023