ASS. REC. BY: Tanfikh | REF: CC4/GRB2100967/Tless.

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 WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD1265E Yr Regn: 2016 / Dec.

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

Make: Hyundai 130. c.c 1582

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

Sp.Reading 399793 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMAD2814VH-J117503.

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: 205/65R15

R: ~

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	26/10/21

Survey held at Premier 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) _____

Report Format : _____

Lump Sum / I.B.I. ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
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.:	SHD1265E
Previous Vehicle No.:	-
Effective Date of Ownership:	14 Dec 2016
Original Regn Date:	14 Dec 2016
Registration Date:	14 Dec 2016
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.:	TMAD281UVHJ117503
Engine No.:	D4FBGZ088798
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:	$20,105.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2024
Minimum PARF Benefit:	$7,588.00
No. of Transfers:	0
IU Label No.:	1050694166
COE No.:	2016121401003876D
COE Expiry Date:	13 Dec 2024
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:	- / $51,271.00
PQP Paid:	$41,017.00
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No