15/5/2010

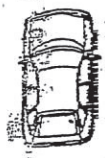
INS. CASE OWNER: Ernest | CC4/AXA170 24575 / hs3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 26/12/17 Date / Time: 27/12/17

Registered in Merimen: 22/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : PA 5204B Claim No. : C0464249

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ 1,500.00 D.O.A : 21/12/17 Place of Accident :

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

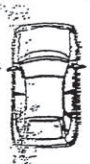
If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

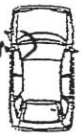
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

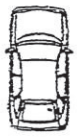
SHC 6940L → → →



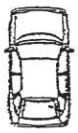
INSRS:
WSP: Premier Auto Cchg
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 6940L - CC3/AIG1600188S/HI/a352 DOA: 26/01/16
	- CC4/AIG1201257G/Hisg24 DOA: 24/06/12
	- CS/III1401874G/Atbu2 DOA: 30/09/14
	- CS/RSI1301775I/Ytbu2 DOA: 2/09/13
	- CS3/III1200963I/ifd1 DOA: 09/05/12
	- NA/ENC1401853G/r3 DOA: 30/09/14
	PA 5204B - NA/ENC0802745Z/W1 DOA: 08/10/08

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:	

Surveyor | REF: AXA

ASSIGNMENT

From: | Date: 26/12/17

Estimated Cost:

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

To Inspect Vehicle No: SHC 6940L

at Workshop m/s Premier Taxis

of 23 changi south Ave 2 #04-03

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 1 wks

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHC 6940L | Yr Regn: 30 Oct 2015

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

Make: KIA Optima | c.c 1685

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

Sp.Reading 321469 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAHM414MF5 6J955 2

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: 205/65R16

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	21/12/17	D.O.I.	26/12/17

Survey held at Premier

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ___$ + RS ___SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	30 Oct 2015 / 08:37:02	Receipt No.:	AACCK001-AX239-151030-000010
Asset Type:	Vehicle	Transaction Amount:	$69,044.00
Asset ID:	SHC6940L	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01,02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151030083702009509		

Vehicle No.:	SHC6940L
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:	30 Oct 2015
Original Registration Date:	30 Oct 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5639552
Engine No.:	D4FDEH313460
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:	$22,475.00
Minimum PARF Benefit:	$14,079.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Oct 2015 08:37:02
COE No.:	2015103001003846K
COE Expiry Date:	29 Oct 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	$45,439 00
Lifespan Expiry Date:	29 Oct 2023