

INS. CASE OWNER:

CCA / III18001726 / Kks3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

20/01/13

Date / Time:

29/01/13

Registered in Merimen:

29/01/13

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 6753D

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

20/01/13

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

SKC 7176J



INSRS:

WSP: Lim Tan Muter

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SKC 7176J-X ; SH 6753D - X	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\$		
Disbursement: S\$	(e.g. Tow/ Independent)	
Legal Cost: S\$		
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:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

REF:

I

ASSIGNMENT

From: _____ Date: 20012018

Estimated Cost: _____

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

To inspect Vehicle No: SKC 7176L

at Workshop no: Lim Tan motor

of Blk 176 Sin Ming Drive #03-09

Insured: _____

Policy No: _____

Claims No: _____

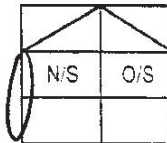
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

3/1/15 File pass to Cathryn

Date/Time: File Pass to?

☐

: Preli. Report

to _____

Date/Time: File Return to?

☐

: Final Report

Report Format: _____

Lump Sum / L.B. \$ _____

Veh No

SKC 7176L Page 09 11

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

Truck / Trailer or

Make

BMW GT 535i 2979

Colour

M. Grey A.O. Insured / Std / NI / NA

Sp. Reading

G2148 T. Radio: Insured / Std / NI / NA

Eng. No: _____

C No: _____

WBA SN 22070C194234

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size:

F: 245/40ZR20

R: 275/35ZR20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

20/1/18

D.O.I.

30/1/18

Survey held at

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

N/S Acc body

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

Add Fee:

☐

Site Insp \$

☐

INTER. \$

☐

Tech. Insp \$

☐

Weekend \$

S - R - B

Photo

Other

TOTAL

9/22/2017

Transfer Of Ownership

Text size + -

0% 25% 50% 75% 100%

Transfer Of Vehicle Ownership (Acknowledgement)**Vehicle Details**

Vehicle No.:	SKC7176J	Vehicle Scheme:	Normal
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover	Vehicle Model:	535i GRAN TURISMO A
Vehicle Make:	B.M.W.	Engine No.:	17937755N55B30A
Chassis No.:	WBASN22070C194234	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	4
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	2979 cc	Maximum Laden Weight:	1915 kg
Unladen Weight:	2290 kg	Secondary Colour:	-
Primary Colour:	Grey	Maximum Power Output:	225.0 kW (301 bhp)
IU Label No.:	1124521716	Original Registration Date:	27 Sep 2011
First Registration Date:	27 Sep 2011	Open Market Value:	\$61,040.00
Manufacturing Year:	2011	Minimum PARF Benefit:	\$30,520.00
PARF Eligibility:	Yes	Temporary End Date:	21 Dec 2017
Temporary Start Date:	22 Sep 2017	Actual ARF Paid:	\$61,040.00
No. of Transfer:	0		

Owner Particulars

Owner Name: SINGAPORE MOBIL HUB PTE. LTD.

Owner ID Type: Company

Owner ID: 201631549W

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 63

Registered Street Name: UBI AVENUE 1

Registered Unit No.: # 05 - 01

Registered Building Name: 63@UBI

Registered Postal Code: 408937

COE No./Expiry Date: 2011080107000546N / 26 Sep 2021

COE Bid Category: E - Open Category

QP Paid: \$74,490.00

Transaction Details

Business Transaction Ref. No.: 20170922173927758643

Business Transaction Date: 22 Sep 2017

Business Transaction Time: 17:39:27

Message

Vehicle has been successfully transferred to SINGAPORE MOBIL HUB PTE. LTD. (201631549W).

Please note that \$10.00 will be deducted from your GIRO account.

OK Save PDF