15/5/2010

INS. CASE OWNER: Irene | CC 3 / CTI180003004 / KI hs3 | LKK: IDAC:

**ASSIGNMENT**

Surveyor: KALVIN DOI: 13/02/18 Date / Time : 13/02/18

Registered in Merimen:

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SKA 175 Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

**Excess Sec II :S$** D.O.A : 07/02/18 Place of Accident :

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

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHO 1020R → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

| Date/ Time | |
|---|---|
| | SHO 1020R? - CS/FCI1702079S/KIHS2 DOA: 27/10/17 |
| | J-NA/OAI1401456/d2 DOA: 26/07/14 |
| | SKA 175 - X |

| 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: 14/02/18 Sent By: Chirley Hiew

| | | | |
|---|---|---|---|
| **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 + LO ☐ [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: | |

(08/11/13)

Surveyor: Kalvin

REF:

# 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: SHP 1030R Yr Regn: 15 Jan / 2016

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 34626 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGN415MF5658516

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/ 65R 16

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. | 9/2/18 | D.O.I. | 13/2/18 |

Survey held at Premier

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

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

| Date / Time | Action / Instruction |
|---|---|
| | CTI |
| | P/P |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.E. in %

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 Transaction History

### Transaction History Details

| | | | |
|---|---|---|---|
| Log Date/Time: | 15 Jan 2016 / 09:08:51 | Receipt No.: | AACCK001-AX239-160115-000006 |
| Asset Type: | Vehicle | Transaction Amount: | $68,666.00 |
| Asset ID: | SHD1030R | Channel: | AA Counterless - CYCLE & CARRIAGE KIA PTE LTD |
| Transaction Type: | 01.02 Register New Vehicle (AA) | | |
| Business Transaction Reference No.: | 20160115090851635926 | | |

| | |
|---|---|
| Vehicle No.: | SHD1030R |
| 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: | 15 Jan 2016 |
| Original Registration Date: | 15 Jan 2016 |
| Vehicle Make: | KIA |
| Vehicle Model: | OPTIMA 1.7(A) DIESEL |
| Chassis No.: | KNAGM414MF5658546 |
| Engine No.: | D4FDFH314407 |
| 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: | $22,299.00 |
| Minimum PARF Benefit: | $13,931.00 |
| PARF Eligibility: | Y |
| No. of Transfer: | 0 |
| Effective Ownership Date/Time: | 15 Jan 2016 09:08:51 |
| COE No.: | 2016011501003478Z |
| COE Expiry Date: | 14 Jan 2024 |
| COE Bid Category: | - |
| Actual QP/PQP Paid Amount: | $45,307.00 |
| Lifespan Expiry Date: | 14 Jan 2024 |