15/5/2010

INS. CASE OWNER: CC 3 / DAI1800 3236 / Klps3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KALVIN   DOI: 20/02/18   Date / Time : 20/02/18
Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKP 4733C		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 14/02/18	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**

SHC 6915K ⟶ ______ ⟶ ______ ⟶ ______

INSRS: WSP: Premier Auto (Chang...) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 6915K - CC3/CTI18003241/Kles3 DOA: 17/02/18	Non-Reporting ltr (1st):	
	- CS/MSG17022162/Klgbo2 DOA: 16/11/17	Non-Reporting ltr (2nd):	
	- CS3/III11025635/Kg+k3 DOA: 10/12/11	Non-Reporting ltr (Final):	
	- NA/INC09017884/P1 DOA: 02/04/09	Notification ltr (if non-pickup):	
	- NA/INC14015611/h4 DOA: 14/08/14	Call OI:	
	SKP 4733C - X	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: Email ☐ Call ☐
Repair Cost: S$ (days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: Confirm with	If NO or B 28, Ass. Lia :
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	
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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
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:	

Surveyor: Kalvin

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Insped 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: SHC 6916K Yr Regn: 9 Oct 2012

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

Make: KIA Optima c.c 1600

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

Sp.Reading 249.74 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAGN414AF5 6U411

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 / 65 R16

R: —

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

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 14/2/18

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 20/2/18

Survey held at Premier

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or No Damage

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

Pired Asia

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:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

Enquire Transaction History

Transaction History Details

Log Date/Time:	09 Oct 2015 / 08:42:05	Receipt No.:	AACCK001-AX239-151009-000010
Asset Type:	Vehicle	Transaction Amount:	$68,559.00
Asset ID:	SHC6915K	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151009084205780548		

Vehicle No.:	SHC6915K
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:	09 Oct 2015
Original Registration Date:	09 Oct 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5623411
Engine No.:	D4FDEH313417
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:	$22,128.00
Minimum PARF Benefit:	$13,788.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	09 Oct 2015 08:42:05
COE No.:	2015100901003527N
COE Expiry Date:	08 Oct 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	$45,439.00
Lifespan Expiry Date:	08 Oct 2023