15/5/2010

INS. CASE OWNER: Irene | CC 3 / CTI18003241 / kles3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 20/02/18 Date / Time : 20/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKF 7456K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/02/18 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: Prem-Auto (chong) Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC 6915K - CC3/DAI1800323 6/K/PS3 DOA: 14/02/18
	- CS1/MSG 7022162/K/GBK2 DOA: 16/11/17
	- CS3/INI 1102563 5/K/HK3 DOA: 19/12/11
	- NA/INC0701788 4/P1 DOA: 02/04/05
	- NA/INC1401561/K4 DOA: 14/03/14
	SKF 7456K - CC3/AIG1500326 5/AB52 DOA: 06/02/15
	- CC4/AIG1601512 7/KWJ3Q2 DOA: 12/08/16

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: 21/02/18	Sent By: Shirley Hiew	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email Call
Repair Cost:	S$	(days) Reduction: %	
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$		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: Kelvin

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: SHC 6915K Yr Regn: 904 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 249074 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGN415MF5623441

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 Achilles

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	17/2/18	D.O.I.	20/2/18

Survey held at Prkw

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.

CTE

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

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