15/5/2010

INS. CASE OWNER: CC3 / III18004573 / KH63

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN

DOI: 07/03/18

Date / Time : 07/03/18

Registered in Merimen: 08/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : PC 5625J

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 07/03/18

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SHC 6250P → → →

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

Date/ Time	
	SHC 6250P - CC3/AIG15008443/HJG2Z DOA: 17/05/15
	PC 5625J - 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: Sent By: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

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$** **Global Sum S$:**	Email ☐ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

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: SHC 6350P Yr Regn: 29 Jan / 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 341748 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGM414AF5575367

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD 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.	2/3/18	D.O.I.	7/3/18

Survey held at Prewar

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

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

Date / Time	Action / Instruction
	II
	L/S

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : _____ ($ _____)

Survey Fee:	
Transportation:	
___S+RS,___SI	
Photos	
Others	
TOTAL	

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	20 Jan 2015 / 09:01:45	Receipt No.:	AACCK001-AX239-150120-000007
Asset Type:	Vehicle	Transaction Amount:	$66,097.00
Asset ID:	SHC6350P	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150120090145305132		

Vehicle No.:	SHC6350P
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:	20 Jan 2015
Original Registration Date:	20 Jan 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5575307
Engine No.:	D4FDEH313251
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:	2014
Open Market Value:	$20,693.00
Minimum PARF Benefit:	$8,082.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	20 Jan 2015 09:01:45
COE No.:	2015012001001506D
COE Expiry Date:	19 Jan 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	$52,486.00
Lifespan Expiry Date:	19 Jan 2023