15/5/2010

INS. CASE OWNER: Sharon | CC3/CTI1800 5318 / RIES3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 20/03/18 Date / Time : 20/03/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GZ 7122X
Name of Insured :
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 17/03/18
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**

SHD 1115E → ______ → ______ → ______

INSRS: WSP: Premier Auto (change) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHD 1115E - CC4/AIG1201 0916/H1593W2 DOA: 31/05/12	**STAGE** / **DATE / PIC**
	- NBA/INV Q4000219/Y1 DOA: 13/01/14	Non-Reporting ltr (1st):
	- NBA/INV C/14017853/L1 DOA: 13/09/14	Non-Reporting ltr (2nd):
	GZ 7122X - X	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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

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$ (S$ x days)	
Loss of Income (LOI):	S$ (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:	

Signature Ramu

REF: CTI

ASSIGNMENT

From:

Date: 20/03/18

Estimated Cost:

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

To Inspect Vehicle No: SHB 11??E

at Workshop m/s Premier Automotive

of 23 Changi South Ave 2 # 01-02

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 / wps

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SHO11?5E Yr Regn: 2016 / FEB

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

Make: KIA OPTIMA 1.7A c.c 1685

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

Sp.Reading 241?82 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAGM414MF5659605

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 MAXXIS

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm
D.O.A.			D.O.I.	20/03/18	

Survey held at PREMIER

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

REAR o/s

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

Date / Time Action / Instruction

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($

☐ : Interview ($

☐ : Tech. Invs ($

☐ : Weekend ($

Survey Fee:

Transportation

) __S + RS.__SI

) Photos

) Others

)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	03 Feb 2016 / 09:18:33
Asset Type:	Vehicle
Asset ID:	SHD1115E
Transaction Type:	01.02 Register New Vehicle (AA)
Business Transaction Reference No.:	20160203091833365363
Receipt No.:	AACCK001-AX239-160203-000015
Transaction Amount:	$66,720.00
Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Vehicle No.:	SHD1115E
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:	03 Feb 2016
Original Registration Date:	03 Feb 2016
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5659605
Engine No.:	D4FDFH314404
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:	$22,528.00
Minimum PARF Benefit:	$14,124.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	03 Feb 2016 09:18:33
COE No.:	2016020301003301W
COE Expiry Date:	02 Feb 2024
COE Bid Category:	-
Actual QP/PQP Paid Amount:	$43,040.00
Lifespan Expiry Date:	02 Feb 2024