

INS. CASE OWNER:

JAS (AN)

CC 4 / ASM 1800 9463, Kluang

LKK:

IDAC:

47637

Surveyor:

JMC

DOI:

ASSIGNMENT

24/5/18

Date / Time:

24/05/18

Registered in Merimen:

Pre-assign / CCU / FTE

XE 3441E "VIRTUAL"



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A: 23/05/18

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

SHB 8892J



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premier



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE		DATE / PIC
SHB 8892J - 03/UR 1701792 Kluang 2; DOA: 10/9/17 XE 3441E - X	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: 31/5 Sent By: JMC			
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 + LOI ☐	[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:	

Kohi

REF: ABM (AXA)

ASSIGNMENT

From:

Date:

24/02/18

Estimated Cost:

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

To Inspect Vehicle No:

SHB 8892J

at Workshop m/s

Premier

of

23 Change South Ave 2.

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 Rpt:

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:

SHB 8892J

Yr Regn:

27 Mar 2018

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

Truck / Trailer or

Make:

KIA optima

Colour:

silver

A/C: Insured / Std / NI / NA

Sp. Reading

36685

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAH M41XME5455292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STB 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.

23/5/18

D.O.I.

24/5/18

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

30/5/18

Contacted 4584500 / 4471.

4s

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S+R5, SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	27 Mar 2014 / 10:23:19	Receipt No.:	AACCK001-AX239-140327-000023
Asset Type:	Vehicle	Transaction Amount:	\$71,081.00
Asset ID:	SHB8892J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140327102319636720		
Vehicle No.:	SHB8892J		
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:	27 Mar 2014		
Original Registration Date:	27 Mar 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5455292		
Engine No.:	D4FDDH308961		
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:	2013		
Open Market Value:	\$19,696.00		
Minimum PARF Benefit:	\$7,317.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	27 Mar 2014 10:23:19		
COE No.:	2014032701001190N		
COE Expiry Date:	26 Mar 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$58 745 00		
Lifespan Expiry Date:	26 Mar 2022		
Owner ID Type:	Company		