15/5/2010

INS. CASE OWNER: Stacey | CC 4, ASM 180 11607, K1 ja3 | LKK: IDAC: 53570

ASSIGNMENT

Surveyor: Amk — DOI: 25/6/18 — Date / Time : 25/6/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKZ4247T	Claim No. :	S8M00LVQ (Ott)
Name of Insured :	Tan Chee Leng	Policy No. :	GAX149699
Insured Tel No. :	HP:	Make / Model :	Mit. Lancer
Excess Sec II :S$	D.O.A : 23/6/18	Place of Accident :	AMK AVE 8 OPEN C/P
Is driver the owner?	(YES / NO) [NO circled]	Nature of Accident :	
If **NO**, Driver Name / Age :	TAN JUN KEE	OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]	
Driver Tel No. :	97846720 / 97960694 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHC6216U → ______ → ______ → ______

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

Date/ Time	
	SHC6216U - CS/FG150 21551/419b2 ; DOA: 14/12/18
	SKZ4247T - 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: 26/6 Sent By: Amk

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:	

(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 6216H Yr Regn: 23 Oct, 2012

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 29312 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAHM41KAF5542191

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.	23/6/18	D.O.I.	25/6/18

Survey held at Premier

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

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

Date / Time	Action / Instruction
	AxA
	4s

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

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

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	23 Oct 2014 / 08:51:10	Receipt No.:	AACCK001-AX239-141023-000001
Asset Type:	Vehicle	Transaction Amount:	$63,308.00
Asset ID:	SHC6216U	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141023085110040149		

Vehicle No.:	SHC6216U
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:	23 Oct 2014
Original Registration Date:	23 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5542191
Engine No.:	D4FDEH311467
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:	$19,730.00
Minimum PARF Benefit:	$7,338.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	23 Oct 2014 08:51:10
COE No.:	2014102301001301N
COE Expiry Date:	22 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	$50,938.00
Lifespan Expiry Date:	22 Oct 2022
Owner ID Type:	Company