15/5/2010

INS. CASE OWNER: CC 6, AIG 180 17842, Ujaa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: CKS DOI: 2/10/18 Date / Time : 2/10/18

Registered in Merimen 2/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKQ8720J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 30/9/18 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**

SLZ 1294G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: TAN LIM	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SKQ8720J. CLK(AXA)(600408)(KPA3G2; DOB: 24/12/16
	SLZ 1294G. 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:	
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) wef

ASS. REC. BY: Marcus

REF: A14

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJZ1294G

at Workshop m/s Tan Lim

of _____

Insured: Sk98221J

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: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 35374

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJZ1294G Yr Regn: 10/10

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

Make: KIA Cerato forte c.c 1591

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

Sp.Reading 101635 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFU411LA5288867

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: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	30/9/18	D.O.I.	2/10/18

Survey held at _____

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
	HTA 12497
3/10/18	confirmed c/s @ 2020 with Sharon.

Date/Time, File Pass to? ☐ : Preli. Report

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

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

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3537H
Vehicle Details	
Vehicle No.:	SJZ1294G
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Oct 2018
Vehicle Make:	KIA
Vehicle Model:	CERATO EX FORTE 1.6L M/T ABS AB 2WD 4DR
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	G4FCAH235562
Chassis No.:	KNAFU411LA5288867
Maximum Power Output:	92.7 kW (124 bhp)
Open Market Value:	$9,662.00
Original Registration Date:	28 Oct 2010
First Registration Date:	28 Oct 2010
Transfer Count:	1
Actual ARF Paid:	$9,662.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Oct 2020
PARF Rebate Amount:	$5,797.00
Intended COE Rebate Details	
COE Expiry Date:	27 Oct 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$19,094.00
COE Rebate Amount:	$6,700.00
Total Rebate Amount:	**$12,497.00**

The information contained herein is correct as at 02 Oct 2018

OK

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Kia Cerato

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Kia Cerato		Any	Any	2010	Any	Any	Any	Available

Kia Cerato Forte 1.6A EX $19,800 $8,180 /yr 29-Jun-2010 1,591 cc 124,000 km Sedan Available

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Kia Cerato Forte 1.6A SX $19,000 $8,210 /yr 09-Mar-2010 1,591 cc 97,000 km Sedan Available

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