

CC 3, 111 180 19825, K1 Jab

Surveyor: Amk

DOI: ASSIGNMENT 30-10-18

Date / Time: 30-10-18

Registered in Merimen: 31-10-18

Pre-assign / CCU / FTE

SAA 28535



Insured Vehicle No. : SAA 28535

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A: 29-10-18

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

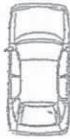
SAC 6418D



INSRS: Premier  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/Time	STAGE	DATE / PIC
<u>SAC 6418D; cost 111 + 60 25928 / 110642; DOA: 27/10/18</u>	Non-Reporting ltr (1st):	
<u>SAA 28535; cost 111 + 60 19772 / 1156; DOA: 29/10/18</u>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Blll:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	S\$	( days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[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:		
<b>Total:</b>	S\$	<b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			



Text size + -

**Enquire Transaction History**

**Transaction History Details**

Log Date/Time:	09 Mar 2015 / 10:13:38	Receipt No.:	AACCK001-AX239-150309-000013
Asset Type:	Vehicle	Transaction Amount:	\$65,354.00
Asset ID:	SHC6418D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150309101338224348		

Vehicle No.:	SHC6418D
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:	09 Mar 2015
Original Registration Date:	09 Mar 2015
Vehicle Make:	KIA
Vehicle Model: ....	OPTIMA.1.7(A) DIESEL
Chassis No.:	KNAGM414MF5588223
Engine No.:	D4FDEH313328
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:	\$21,158.00
Minimum PARF Benefit:	\$8,473.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	09 Mar 2015 10:13:38
COE No.:	2015030901002142E
COE Expiry Date:	08 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	08 Mar 2023