15/5/2010

INS. CASE OWNER: RA | CC 4, Asm 1900 1161, Kea 5. | LKK: IDAC: 94314

ASSIGNMENT

Surveyor: KSC DOI: 18/01/19 Date / Time: 18/01/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKV 8914P Claim No. : SJM01A1G

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/01/19 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

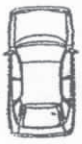
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

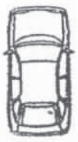
SDQ 1868 U → → →

INSRS:
WSP:
Tel :
Liability :
RMKS:

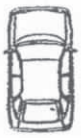
Man's United



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDQ1868U - X ; SKV8914P - 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$		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:	

ASS. REC. BY: Kenneth | REF: AA1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Alan'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: $ 40k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 5/26 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SDQ 1868H Yr Regn: 05, 06

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

Make: Honda Civic c.c 1799

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 295407 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMFD1620 6S 207783

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: Roadstone 215 / 45R17

R: Falken

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	3 mm
L/Bal.	6 mm	L/Bal.	3 mm
D.O.A.	14/1/19	D.O.I.	18/1/19 ✓

Survey held at _____

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

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

Date / Time	Action / Instruction
18/1	File pass to Cal

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 ($ _____)

Report Format :

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

Survey Fee:	
Transportation: ___$ + RS. ___SI	
Photos	
Others	
TOTAL	

Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.:	SDQ1868U		
Vehicle Type:	N18 - Passenger (Co) Company Car (Single Rate)	Vehicle Scheme:	Normal
Vehicle Make:	HONDA	Vehicle Model:	CIVIC 1.8L A
Chassis No.:	JHMFD16206S207763	Engine No.:	R18A11026611
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1799 cc	Power Rating:	-
Unladen Weight:	1219 kg	Maximum Laden Weight:	1640 kg
Primary Colour:	Grey	Secondary Colour:	-
IU Label No.:	1124699951	Maximum Power Output:	103.0 kW (138 bhp)
First Registration Date:	15 May 2006	Original Registration Date:	15 May 2006
Manufacturing Year:	2006	Open Market Value:	$18,932.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	$10,413.00
No. of Transfer:	5	Actual ARF Paid:	$20,826.00

Owner Particulars

Owner Name:	TRIO DZIGN CONSTRUCTION PTE LTD
Owner ID Type:	Company
Owner ID:	200516036R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	7
Registered Street Name:	TOA PAYOH INDUSTRIAL PARK
Registered Unit No.:	# 01 - 1259
Registered Building Name:	.
Registered Postal Code:	319059
COE No./Expiry Date	2006020103002337E / 14 May 2026
COE Bid Category:	B - Car (1601cc & above)
PQP Paid:	$46,048.00

Transaction Details

Business Transaction Ref. No.:	20160512115351617213
Business Transaction Date:	12 May 2016
Business Transaction Time:	11:53:51

Message

Vehicle has been successfully transferred to TRIO DZIGN CONSTRUCTION PTE LTD (200516036R).

Please note that $11.00 will be deducted from your GIRO account.