

INS. CASE OWNER:

CC 3, 11 1900 2998, Kijas

LKK:
IDAC:

Surveyor:

Kalm

DOI:

ASSIGNMENT

6/5/19

Date / Time :

6/5/19

Registered in Merimen:

7/5/19

Pre-assign / CCU / FTE

SHA 39219



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 8/5/19

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. :

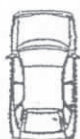
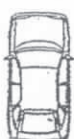
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHA 6670R

INSRS:
WSP:
Tel:
Liability:
RMKS:

Premier

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

Date/ Time

SHA 6670R - 02/01/2019/02/01/2019
SHA 39219 - 04/11/2018/04/11/2018

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\$

Disbursement: S\$ (e.g. Tow/ Independent)

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 6670 R Yr Regn: 9 Mar 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or

Make: KIA Optima c.c. 1685

Colour: Silver AJC: Insured / Std / NI / NA

Sp. Reading: 442323 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNABA 4144F-558868

Gen. Cond: Good / 6 / Poor / Burnt

Steering: In order / 6 / Jammed / Leaked / Burnt or

Brake: In order / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 / Rim or

Tyre Size: F: 205/65R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or A0416

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 5/5/19 D.O.I. 6/5/19

Survey held at Premier

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

n/s front

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Record Form

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	09 Mar 2015 / 09:57:55	Receipt No.:	AACCK001-AX239-150309-000010
Asset Type:	Vehicle	Transaction Amount:	\$65,354.00
Asset ID:	SHC6670R	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150309095755065653		

Vehicle No.:	SHC6670R
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.:	KNAGM414MF5588168
Engine No.:	D4FDEH313306
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 09:57:55
COE No.:	2015030901002139E
COE Expiry Date:	08 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	08 Mar 2023