

ASSIGNMENT

Surveyor: RAM DOI: 25.11.2019 Date / Time : 25.11.2019
Registered in Merimen: _____

Pre-assign / CCU / FTE

 Insured Vehicle No. : GBH 8329J Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 25/11/2019 09:40 Place of Accident : CHANGI SOUTH ST 1
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

SHB 8437R

 INSRs: _____ WSP: **PREMIER** Tel : _____ Liability : _____ RMKS: _____
 INSRs: _____ WSP: _____ Tel : _____ Liability : _____ RMKS: _____
 INSRs: _____ WSP: _____ Tel : _____ Liability : _____ RMKS: _____
 INSRs: _____ WSP: _____ Tel : _____ Liability : _____ RMKS: _____

Date/ Time	STAGE	DATE / PIC	
SHB 8437R - CC3/CTI19004356/K1db3s2; DOA:28.2.19 - NA/AIG19001272/h4; DOA: 20.1.19 GBH 8329J - X	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
Post-Repair Photos:
Others:

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: _____

Enquire Transaction History

Transaction History Details

Log Date/Time: 27 Sep 2013 / 09:17:03 Receipt No.: AACCK001-AX239-130927-000003

Asset Type: Vehicle Transaction Amount: \$70,976.00

Asset ID: SHB8437R Channel: AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type: 01.02 Register New Vehicle (AA)

Business Transaction Reference No.: 20130927091703896693

Vehicle No.: SHB8437R

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: 27 Sep 2013

Original Registration Date: 27 Sep 2013

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414ME5446551

Engine No.: D4FDDH308044

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: 2013

Open Market Value: \$20,137.00

Minimum PARF Benefit: \$7,615.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership Date/Time: 27 Sep 2013 09:17:03

COE No.: 2013092701000781H

~~COE Expiry Date: 26 Sep 2021~~

COE Bid Category: -

Actual QP/PQP Paid Amount: \$58,144.00

Lifespan Expiry Date: 26 Sep 2021

Owner ID Type: Company