GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

S\$

S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

MAY CHUA

cc4/FCI20002107/Fda3

LKK:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email

	INS. CASE OWNER	E WAT CHUP	1	71200021077		IDAC;			
			ASSIGNMENT DOI: 05/02/2020						
	Surveyor:	RAM				Date / Time : 05/02/2020			
						Registered in Merimen:			
	Pre-assign / CCU	/ FTE							
	Insured Vehicle No. : SH 6500S				Claim No. Policy No. Make / Model	: D20000800MFSH			
1	Name of Insured : COMFORT TRANSPORT		TRANSPORTATION	PTE LTD		. D-20094922MFSH			
	Insured Tel No. : HP:			HP:		LIMINDALIAO		_	
			HP:						
	Excess Sec II :S\$		D.O.A: 01/02/2020 17:00		Place of Accide	ent: ANG MO KIO HUB TAXI STAND			
) Nature of Acci						
	If NO, Driver Name / Age : BOI SECK KONG @BO			Y SECK KONG	OLCIA PEDO	PT. VE / NO . TR CIA PE	EDODT. VE	INO	
	0.0000000000000000000000000000000000000			YES / NO)	Insured Liabilit		Yes/No)/NO	
	Driver 1ci	140. : 700-0002	12700 (V/L:	IES/NO)	Insured Liabili	ty: % Final:	res/ No		
	SHB 6978D		_	→					
-									
	INSRS: PREMIE	R 🔲	INSRS: WSP:		INSRS: WSP:	11 11	NSRS:		
10-0			Tel:	*	Tel:	70 /7	/SP: el :		
2 9	Tel: SERVIC	ES D	Liability :		Liability:	n n	iability:		
IN THE	RMKS:		RMKS:		RMKS:	R	MKS:		
	Date/ Time								
	Date/ Time	CHEEDOC CC2	3/FCI19010473/G	20d202: DOA: 1	1 06 10	STAGE	DAT	E/PIC	
			FCI18019145/T1			Non-Reporting ltr (1st):	DAT	E/FIC	
		- CS/F	CI17008983/T1	vhf2: DOA: 05.0	15 17	Non-Reporting ltr (2nd):			
		SHB 6978D - NS	S/INC20001973/F	Ftd3; DOA : 01.	02.2020	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:			
PRELIM	INARY ADVICE	Date/Time:	Sent	By:		Post-Repair Photos:			
						Others:			
FINALI	ZATION	Date/Time:		firm with:		Confirm by:			
Repair C	ost;	S\$	(days) Redu	action:	%	Email	Call		
FINAL S	SETTLEMENT	Date/Time: Confirm with				Email Call			
Final Lia			greed / Assessed) BOL	A S/N No. :		If NO or B 28, Ass. Lia:			
Repair C	ost:	S\$							
	Rental (LOR):	S\$	(days)						
	Jse (LOU):	S\$ (\$	x days)						
	ncome (LOI):	S\$ (\$	x days)	1					
LOR only	y LOU only	LOR + LOU	LOR + LOI	[Tick only one]					

(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

REP: FCT		
KET -CI		property and staff
I that I	4 -1-1	101
	1.55ml -	

ASSIGNMENT

From: Date:	Veh No: SHB 6978D Yr Regn 04 2015					
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or					
To Inspect Vehicle No:	Make: Kia optima 1-74 c.c 1685					
at Workshop m/s	Colour SINCY A/C: Insured / Std / NI / NA					
of	Sp.Reading 334572 T/Radio: Insured / Std / NI / NA					
Insured:	Eng/No:					
Policy No.	C/NO: KM9GM4/4M75642996					
Claims No.	Gen. Cond: Good/Fair Poor / Burnt					
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or					
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or					
Make of Veh;	Modi: Nil / S/Rim / STD A/R)m or					
	Tyre Size: F: 205/65/R16					
(Policy Condition)	R:					
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /					
repair at the time of inspection.	TOYO/YOKO or Maxx15					
Bal. or Market Value:	<u>Front</u> <u>Rear</u>					
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. S mm					
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 8 mm L/Bal. 8 mm					
Est. Repairs: days Res.: Yes or No	D.O.A. 102/2020 D.O.I. 05/2/2020					
Lum Sum: % 3 Val.: Yes or No	Survey held at Premier (chargi)					
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or					
Vehicle: IN / OUT	NS & NIS rear					
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.					
Date / Time Action / Instruction						
and the second s						
	218,80					
Date/Time, File Pass to? : Preli. Report	Days Of Repair:					
1) : Final Report	Resurvey No. of Trip: Survey Fee:					
Date/Time, File Return to?	Transportation:					
2) Add Fe	(MARKET MARK)					
	: Interview (\$) Photos					
Report Format:	: Tech, Invs (8) Others					
Lump Sum / LB.E (%	Weel end (S					
	10181					

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:

04 Dec 2015 / 09:13:21

Receipt No.:

AACCK001-AX239-151204-000009

Asset Type:

Vehicle

Transaction Amount:

\$68,285.00

Asset ID:

SHC6978D

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

Business Transaction

01.02 Register New Vehicle (AA)

Reference No.:

20151204091321197553

Vehicle No.:

SHC6978D

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: 04 Dec 2015

Original Registration

04 Dec 2015 KIA

Vehicle Make:

Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414MF5642996

Engine No.:

D4FDFH314199

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

2015

Secondary Color:

Manufacturing Year:

Open Market Value:

\$21,913.00

Minimum PARF Benefit: \$13,607.00

PARF Eligibility:

No. of Transfer:

Effective Ownership Date/Time:

04 Dec 2015 09:13:21

COE No .:

2015120401003355R

COE Expiry Date:

03 Dec 2023

COE Bid Category:

Actual QP/PQP Paid

\$45,466.00

Amount: Lifespan Expiry Date:

03 Dec 2023