15/5/2010

INS. CASE OWNER: _Rian Chuan_ | CC6 / AIG17022175 / Uhaz

LKK:
IDAC:

ASSIGNMENT

Surveyor: _MARCUS_   DOI: _2/11/17_   Date / Time: _21/11/17_
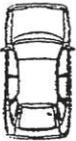Registered in Merimen: _21/11/17_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SKP 6002R_   Claim No. : _38180739165G_

Name of Insured : _In The Estate of LAI ELRENCE @ MARY LAI LI MING_   Policy No. : _2100387331_

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A: _12/11/17_   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

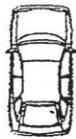Driver Tel No. :   (V/L: YES / NO)   Insured Liability : % **Final ? Yes / No**
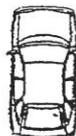
SLM 1776C ———→

INSRS:
WSP: _Pegasus_
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 1776 C - X ; SKP 6002 R - 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)	☐	☐
		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:		☐

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:	

ASSIGNMENT

From: _____	Date: _____	Veh No: SLM1776C Yr Regn: 3 / 17

Estimated Cost: _____

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

To Inspect Vehicle No: SLM1776C

at Workshop m/s Pegasus

of _____

Insured: SKP6002R

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.**

Bal. or Market Value: _____

IDAC Accident Rport: _____   Consistent? : **Yes** or **No**

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

Est. Repairs: 3 days   Res.: **Yes** or **No**

Lum Sum: 70 %   3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: _____   Person Contacted: _____   Vehicle: **IN / OUT**

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

Make: Honda Vezel / Hybrid c.c 1496

Colour: S.lver   A/C: Insured / Std / NI / NA

Sp.Reading: 37561   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3122·8893

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: F: 215/60 R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 17/1·/17		D.O.I. 21/1·/17	

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.

N/S   O/S

Date / Time	Action / Instruction
21/11/17	have video of bld confirmed L/S $2800 with sheron.

Date/Time, File **Pass** to?   ☐ : Preli. Report

1) _____   ☐ : Final Report

Date/Time, File **Return** to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____

___ S + RS.___ SI

Photos

Others

TOTAL _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	7200G

Vehicle Details

Vehicle No.	SLM1776C
Vehicle to be Exported	Yes
Intended De-registration Date	13 Nov 2017
Vehicle Make	HONDA
Vehicle Model	VEZEL HYBRID 1.5X AUTO
Primary Colour	Silver
Manufacturing Year	2016
Engine No.	LEB5928906
Chassis No.	RU31228893
Maximum Power Output	112.0 kW (150 bhp)
Open Market Value	$24,315.00
Original Registration Date	22 Mar 2017
First Registration Date	22 Mar 2017
Transfer Count	0
Actual ARF Paid	$5,000.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	21 Mar 2027
PARF Rebate Amount	$3,750.00

Intended COE Rebate Details

COE Expiry Date	21 Mar 2027
COE Category	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years)	10
QP Paid	$53,300.00
COE Rebate Amount	$42,640.00
Total Rebate Amount	**$46,390.00**

The information contained herein is correct as at 13 Nov 2017

OK