15/5/2010

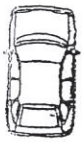
INS. CASE OWNER: Boyogen | CC 6 / LCR17022242 / Upaz | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 22/11/17 Date / Time: 22/11/17

Registered in Merimen: 22/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 2740J

Name of Insured : LCR

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A :

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : 9117305839SG

Policy No. : 099995160

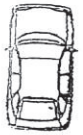
Make / Model :

Place of Accident :

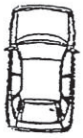
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

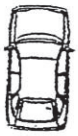
SLT 1274Y →



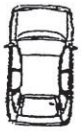
INSRS:
WSP: Pegasus
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
27/11/17 (HT)	SLT 1274Y - X ; SLK 2740J - X * OI NR - SEND FIRST EMAIL TO LCR.

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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$	2) Report Format:
Total:	S$ Global Sum S$:	3) Survey fee:

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:	

(08/11-13)

Surveyor: Marcus

REF: A16/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLT12744

at Workshop m/s Pegasus

of

Insured: SLK2740J

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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: 2 days Res.: **Yes** or **No**

Lum Sum: 15.1 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SLT12744 Yr Regn: 1017

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

Make: Toyota Prius Hybrid c.c 1798

Colour white A/C: **Insured / Std / NI / NA**

Sp.Reading 7023 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JTDKB3FU1035722/0

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: 195/65R15

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.	11/11/17	D.O.I.	22/11/17

Survey held at

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

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

Date / Time	Action / Instruction
22/11/17	Confirmed final by $400 with William.

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) __S + RS.__SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	7200G
Vehicle Details	
Vehicle No.	SLT1274Y
Vehicle to be Exported	Yes
Intended De-registration Date	13 Nov 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS HYBRID 1.8 CVT
Primary Colour	White
Manufacturing Year	2017
Engine No.	2ZRS094405
Chassis No.	JTDKB3FU103572210
Maximum Power Output	90.0 kW (120 bhp)
Open Market Value	$31,008.00
Original Registration Date	19 Oct 2017
First Registration Date	19 Oct 2017
Transfer Count	0
Actual ARF Paid	$5,412.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	18 Oct 2027
PARF Rebate Amount	$4,059.00
Intended COE Rebate Details	
COE Expiry Date	18 Oct 2027
COE Category	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years)	10
QP Paid	$49,000.00
COE Rebate Amount	$39,200.00
Total Rebate Amount	**$43,259.00**

The information contained herein is correct as at 13 Nov 2017

OK