15/5/2010

INS. CASE OWNER: CC6 / AIG170225961 Veaz

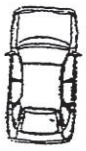
LKK:

IDAC:

## ASSIGNMENT

Surveyor: MARCUS DOI: 28/11/17 Date / Time : 28/11/17

Pre-assign / CCU / FTE Registered in Merimen: 28/11/17



Insured Vehicle No. : SLQ 167X

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 24/11/17

Is driver the owner? ( YES / NO )

If NO, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

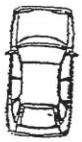
Nature of Accident :

(V/L: YES / NO )

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

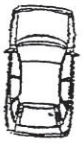
Insured Liability : % Final ? Yes / No

SLN 2104E →



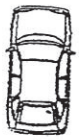
INSRS:
WSP: Pegasus
Tel :
Liability :
RMKS:

→



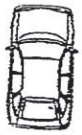
INSRS:
WSP:
Tel :
Liability :
RMKS:

→



INSRS:
WSP:
Tel :
Liability :
RMKS:

→



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SLN 2104E - X ; SLQ 167X - X |

| 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 | |
|---|---|---|---|
| Final Liability: | % | (Agreed / Assessed) BOLA S/N No. : | Email ☐ Call ☐ |
| Repair Cost: | S$ | | If NO or B 28, Ass. Lia : |
| 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$ | | 1) Claim status: Normal/Reject/Private Settle |
| Legal Cost | S$ | (e.g. Tow/ Independent ) | 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: | |

(08.11.17)

Surveyor

REF: ATh

# ASSIGNMENT

From: Date: 28/11/2017

Estimated Cost:

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

To Inspect Vehicle No: SLN 2104E

at Workshop m/s Pegasus

of 51 Defu Lane 10

Insured:

Policy No.

Claims No.

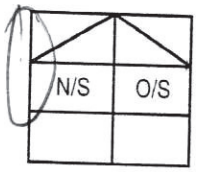
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**




Bal. or Market Value:

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

SIA / PR Seen: Consistent? : **Yes** or **No**

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

Lum Sum: 20 % 3 Val.: **Yes** or **No**

**CA / REV / REP. / 24 HRS**

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

Veh No: SLN 2104E Yr Regn: 4/17

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

Make: Mazda 3 c.c 1496

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

Sp.Reading 28939 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JM6BN22A8H0150284

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: 205/60R16

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. | 24/11/17 | D.O.I. | 28/11/17 |

Survey held at —

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

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

| Date / Time | Action / Instruction |
|---|---|
| 28/11/17 | confirmed L/S @ 3200 with mr Tan. |

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

**Days Of Repair:**

**Resurvey No. of Trip:**

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

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

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. | SLN2104E |
| Vehicle to be Exported | Yes |
| Intended De-registration Date | 25 Nov 2017 |
| Vehicle Make | MAZDA |
| Vehicle Model | MAZDA3 SEDAN 1.5 AT EU6 |
| Primary Colour | Grey |
| Manufacturing Year | 2017 |
| Engine No. | P520441983 |
| Chassis No. | JM6BN22A8H0150284 |
| Maximum Power Output | 88.0 kW (118 bhp) |
| Open Market Value | $14,476.00 |
| Original Registration Date | 26 Apr 2017 |
| First Registration Date | 26 Apr 2017 |
| Transfer Count | 0 |
| Actual ARF Paid | $9,476.00 |

## Intended PARF Rebate Details

| | |
|---|---|
| PARF Eligibility | Yes |
| PARF Eligibility Expiry Date | 25 Apr 2027 |
| PARF Rebate Amount | $7,107.00 |

## Intended COE Rebate Details

| | |
|---|---|
| COE Expiry Date | 25 Apr 2027 |
| COE Category | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years) | 10 |
| QP Paid | $51,765.00 |
| COE Rebate Amount | $41,412.00 |
| **Total Rebate Amount** | **$48,519.00** |

The information contained herein is correct as at 25 Nov 2017

OK