15/5/2010

INS. CASE OWNER: Justin | CC6 / LCR18000408 / UWS3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 08/01/18 Date / Time: 08/01/18

Registered in Merimen: 08/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLC 3543R Claim No. : 468781848556

Name of Insured : LCR Policy No. : 099985006

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 1/12/17 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**

SLL 21365 → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Pegasus	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 21365 - X ; SLK 3543K - X	Non-Reporting ltr (1st):	
10/01/18 (Wilson)	* OI NR - SEND FILE EMAIL TO LCR.	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$			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:		

REF: ACh

ASSIGNMENT

From: | Date: 08012018

Estimated Cost:

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

To Inspect Vehicle No: SLL 3136S

at Workshop m/s Pegasus

of 51 Defu Lane 10

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

After 9am

(Policy Condition)

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

N/S	O/S

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: 20 % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SLL3136S | Yr Regn: 2/17

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

Make: mazda 3 | c.c 1496

Colour: blue | A/C: Insured / Std / NI / NA

Sp.Reading: 60094 | T/Radio. Insured / Std / NI / NA

Eng/No:

C/No: JM6BN22A8H.014269S

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 westlake

	Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.		D.O.I.	8/1/18

Survey held at

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

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

Date / Time	Action / Instruction
8/1/18	confirm d/s $1350 with willia.

Date/Time. File Pass to? | : Preli. Report

: Final Report

Date/Time. File Return to?

Report Format :

Lump Sum / I.B.I: S

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: : Site Insp $

Interview $

Tech. Inv. $

Weekend $

Photos

Others

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	7200G

Vehicle Details

Vehicle No.	SLL3136S
Vehicle to be Exported	Yes
Intended De-registration Date	12 Dec 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour	Blue
Manufacturing Year	2017
Engine No.	P520430207
Chassis No.	JM6BN22A8H0142695
Maximum Power Output	88.0 kW (118 bhp)
Open Market Value	$14,951.00
Original Registration Date	21 Feb 2017
First Registration Date	21 Feb 2017
Transfer Count	0
Actual ARF Paid	$9,951.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	20 Feb 2027
PARF Rebate Amount	$7,463.00

Intended COE Rebate Details

COE Expiry Date	20 Feb 2027
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	$48,000.00
COE Rebate Amount	$38,400.00
Total Rebate Amount	**$45,863.00**

The information contained herein is correct as at 12 Dec 2017

OK