

15/5/2010

INS. CASE OWNER:

0N6 L2 L2

CC4/LPC18001220 1U253

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI:

22/01/18

Date / Time:

19/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

XD 3964T

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

18/01/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SLK 7214D



INSRS:

WSP: *pegasus*

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLK 7214D-X; XD 3964T-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: 24/01/18

Sent By: Shirley Huen

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 + LOU ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

1) Claim status: Normal/Reject/Private Settle

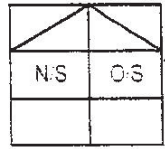
2) Report Format:

3) Survey fee:

REF: LPC

ASSIGNMENT

From _____ Date 22/01/2018
Estimated Cost: _____
OD ☒ WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: SLK 7214D
at Workshop of: Pegasus Engineering
51 Defu Lane 10
Insured: _____
Policy No: XD 39647
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record): After 9am
Make of Veh: _____

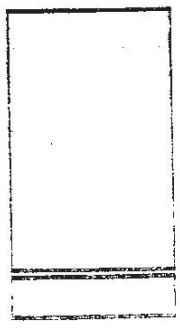


(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS ^{wp} 7200h
Date: _____ Person Contacted: _____ Vehicle. IN / OUT

Veh No: SLK 7214D Page: 1 / 17
Type: ☒ Car / ☐ M Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover
Truck / Trailer or CA
Make: Mercedes No: 1496
Colour: Grey A.C. Insured / Std / NI / NA
Sp. Reading: 67360 T-Radio Insured / Std / NI / NA
Eng. No: _____
C No: YM 6BN 22A8H 0136078
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil S/Rim / STD A/Rim or
Tyre Size F: 205/60R16
R: _____
BS / RUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 7 mm R/Bal. 7 mm
L/Bal. 7 mm L/Bal. 7 mm
D.O.A. 18/1/18 D.O.I. 22/1/18
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction
22/1/18 confirmed L/S @ 3500 with Sam.

Date/Time File Pass to: ☐ : Preli. Report
☐ : Final Report
Date/Time File Return to: _____
Add Fee: ☐ Site Insd \$
☐ Other \$
☐ Tech \$
☐ Fee \$
Days Of Repair: _____
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
Report Format: _____
Lump Sum: 1800



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 7200G

Vehicle Details

Vehicle No.: SLK7214D

Vehicle to be Exported: Yes

Intended De-registration Date: 22 Jan 2018

Vehicle Make: MAZDA

Vehicle Model: MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Primary Colour: Grey

Manufacturing Year: 2016

Engine No.: P520421544

Chassis No.: JM6BN22A8H0136078

Maximum Power Output: 88.0 kW (118 bhp)

Open Market Value: \$14,777.00

Original Registration Date: 24 Jan 2017

First Registration Date: 24 Jan 2017

Transfer Count: 0

Actual ARF Paid: \$9,777.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 23 Jan 2027

PARF Rebate Amount: \$7,332.00

Intended COE Rebate Details

COE Expiry Date: 23 Jan 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: \$45,732.00

The information contained herein is correct as at 22 Jan 2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLK7214D
Vehicle to be Exported:	Yes
Intended De-registration Date:	22 Jan 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	P520421544
Chassis No.:	JM6BN22A8H0136078
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,777.00
Original Registration Date:	24 Jan 2017
First Registration Date:	24 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$9,777.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jan 2027
PARF Rebate Amount:	\$7,332.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jan 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:	\$45,732.00

The information contained herein is correct as at 22 Jan 2018