15/5/2010

CC 6 / LCR180 0 2466 / Ujs 3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: Marcus

DOI:

Date / Time : 07/02/18

Registered in Merimen: 07/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 32365

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. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SLL 88540 →

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
	SLL 88540 – X	Non-Reporting ltr (1st):	
	SLK 32365 – CC3 / LCR17013536 / R12952 DOA: 07/...	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:

Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: S$ (days) Reduction: %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

If NO or B 28. Ass. Lia :

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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)
Legal Cost	S$	
Total:	S$	**Global Sum S$:**

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Email ☐ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

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) wef

ASS. REC. BY: Marcus

REF: AIG/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLL8F544

at Workshop m/s Pegasus

of

Insured: SLK32365

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 2 Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 72006

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLL8F544 Yr Regn: 3/17

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

Make: Toyota Vios c.c 1496

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 78216 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MHFB29F3502007320

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: 195/50R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	12.4.17	D.O.I.	7/2/18

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rr n/s.

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

Date / Time	Action / Instruction
	14-2278

Date/Time, File Pass to? * 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	7200G

Vehicle Details

Vehicle No.:	SLL8854U
Vehicle to be Exported:	Yes
Intended De-registration Date:	20 Jan 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E CVT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	2NRX129433
Chassis No.:	MHFB29F3502007320
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	$12,946.00
Original Registration Date:	15 Mar 2017
First Registration Date:	15 Mar 2017
Transfer Count:	0
Actual ARF Paid:	$7,946.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Mar 2027
PARF Rebate Amount:	$5,959.00

Intended COE Rebate Details

COE Expiry Date:	14 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$50,889.00
COE Rebate Amount:	$40,711.00
Total Rebate Amount:	**$46,670.00**

The information contained herein is correct as at 20 Jan 2018

OK

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	7200G

Vehicle Details

Vehicle No.:	SLL8854U
Vehicle to be Exported:	No
Intended De-registration Date:	07 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E CVT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	2NRX129433
Chassis No.:	MHFB29F3502007320
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	$12,946.00
Original Registration Date:	15 Mar 2017
First Registration Date:	15 Mar 2017
Transfer Count:	0
Actual ARF Paid:	$7,946.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Mar 2027
PARF Rebate Amount:	$5,959.00

Intended COE Rebate Details

COE Expiry Date:	14 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$50,889.00
COE Rebate Amount:	$46,319.00
Total Rebate Amount:	**$52,278.00**

The information contained herein is correct as at 07 Feb 2018