

INS. CASE OWNER:

CC4/FWD19014831/ T1 ga3

LKK:

IDAC:

Surveyor:

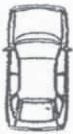
DOI:

ASSIGNMENT

Date / Time : 21/08/2019

Registered in Merimen: 23/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 301D

Claim No. : 1201900024392

Name of Insured : JESVINDER SINGH S/O MOHKAM SINGH

Policy No. : PNPV2019-00004211

Insured Tel No. : HP:

Make / Model : TOYOTA ALLION 1.5

Excess Sec II :S\$

D.O.A : 16/08/2019 08:15

Place of Accident : ALONG PIE TOWARDS CITY AT PAYA LEBAR FLYOVER

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

SLN 2132Z

INSRS:
WSP: PegasusTel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:

Date/ Time	SLN 2132Z - X	SJP 301D - 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:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 2130.00	(2 days) Reduction: 4105.20 % 65	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 19/06/2020	Confirm with ALEX	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%

Repair Cost: (W/GST)	S\$ 2,279.10		
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Loss of Rental (LOR):	S\$ 200.85	(3 days) x \$66.95	C.C (OI LAST 2ND)
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Loss of Use (LOU):	S\$	(\$ x days)	
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Loss of Income (LOI):	S\$ 210.00	(\$ 70 x 3 days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
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GIA/LTA Search	S\$ 7.45		
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Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle
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Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP
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Legal Cost	S\$		3) Survey fee: \$500.00
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Total:	S\$ 2,697.40	Global Sum S\$: 2600.00	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
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Payee 1:	S\$ 2600.00	Name 1:	PEGASUS ENGINEERING & TRADING PTE LTD
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Payee 2: (Strike if N.A.)	S\$	Name 2:	
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Payee 3: (Strike if N.A.)	S\$	Name 3:	
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10/9/11/13

Surveyor

REF: FWD

ASSIGNMENT

From:

Date:

10.9.2019

Estimated Cost:

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

To Inspect Vehicle No: SLN 2132Z

at Workshop m/s Pengasus Engineering & Trading
of 74 Kian Teck Road

Insured:

Policy No.

Claims No.

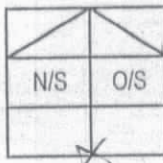
Sum Insured:

Excess:

(Client's Record)

Make of Veh: 65137748 Kala

(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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLN 2132Z

Yr Regn:

2017 April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mazda 3

c.c

1496

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

152437

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM63W 2278H.0157064

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

7-7

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.

Pengasus

D.O.I.

9/9/19

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)