

INS. CASE OWNER:

Push Thru

CC4 / AXA160 20176, Uza3

Surveyor:

mawen

DOI:

ASSIGNMENT

26/10/16

Date / Time:

24/10/16

Registered in Merimen:

20/10/16

Pre-assign / CCU / FTE



Insured Vehicle No. : 86U 9173 G

Name of Insured :

Insured Tel No. : HP: 1716/16

Excess Sec II :SS D.O.A :

Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : C0604740

Policy No. : 6A037808

Make / Model :

Place 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

GBC 8192 L

INSRS: 44's Brother
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBC 8192 L - X 86U 9173 G - 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)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:				
FINALIZATION Date/Time: Confirm with: Confirm by:				
Repair Cost:	SS	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>				
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	SS			
Loss of Rental (LOR):	SS	(days)		
Loss of Use (LOU):	SS	(\$ x days)		
Loss of Income (LOI):	SS	(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]			
GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	SS	2) Report Format:		
		3) Survey fee:		
Total:	SS	Global Sum SS:		
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		

(08/11/13)

REF:

ASS. REC. BY:

ASSIGNMENTFrom: Marcus Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBC8192Lat Workshop m/s 105, 80

of _____

Insured: _____

Policy No. _____

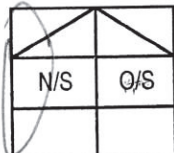
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBC8192L Yr Regn: 12113

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

Truck / Trailer or LM /Make: Toyota hiace C.C. 2982Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 109887 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P100125312

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 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. 17/6/16 D.O.I. 26/10/16

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

	<u>Sliding door only</u>
<u>26/10/16</u>	<u>confirmed final by \$1100 with Susan.</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle
Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3585C

Vehicle Details

Vehicle No.: GBC8192L

Vehicle to be Exported: No

Intended De-registration
Date: 19 Oct 2016

Vehicle Make: TOYOTA

Vehicle Model: HIACE MANUAL

Primary Colour: White

Manufacturing Year: 2013

Engine No.: 1KD2323616

Chassis No.: JTFHT02P100125312

Maximum Power Output: -

Open Market Value: \$25,820.00

Original Registration
Date: 13 Dec 2013

First Registration Date: 13 Dec 2013

Transfer Count: 0

Actual ARF Paid: \$1,291.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 12 Dec 2023

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$55,002.00

COE Rebate Amount: \$39,305.00

Total Rebate Amount: \$39,305.00

The information contained herein is correct as at 19 Oct 2016

OK



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