

INS. CASE OWNER:

Clara

CC 4 / FWD170 23691, 4 ea3

LKK:

IDAC:

Surveyor:

MAYUNG

DOI:

ASSIGNMENT

13/12/17

Date / Time:

13/12/17

Registered in Merimen:

13/12/17

Pre-assign / CCU / FTE

FBD 1507D



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. : 2/12/17

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

6BCL6762E



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lm's Bw.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

6BCL6762E
FBD1507D

NBA/FWD17023691/4; D.A. 2/12/17

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:

14/12

Sent By:

hmm

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Surveyor *mercus*

REF:

Zw D /

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBC 6762E
 at Workshop m/s lur's
 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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR / Seen: 2 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBC 6762E Yr Regn: 7 / 13
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Car
 Make: FIAT Doblo C.C. 1598
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 86809 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2FA26300009157292
 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: 195/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Triangle
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 7/12/17 D.O.I. 13/12/17
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction LTA 3202313/12/17 continued of 2700 with Susan.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

S + RS \$ _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Invs (\$ _____)

Others _____

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3585C
Vehicle Details	
Vehicle No.	GBC6762E
Vehicle to be Exported	No
Intended De-registration Date	12 Dec 2017
Vehicle Make	FIAT
Vehicle Model	DOBLO CARGO MAXI 1.6 MJ DIESEL (GLAZED)
Primary Colour	White
Manufacturing Year	2011
Engine No.	198A30006774848
Chassis No.	ZFA26300009157292
Maximum Power Output	-
Open Market Value	\$19,013.00
Original Registration Date	30 Jul 2013
First Registration Date	30 Jul 2013
Transfer Count	0
Actual ARF Paid	\$951.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	29 Jul 2023
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
QP Paid	\$56,889.00
COE Rebate Amount	\$32,023.00
Total Rebate Amount	\$32,023.00

The information contained herein is correct as at 12 Dec 2017