

INS. CASE OWNER:

cc 4, EQ 1800 0846, Gwa3

LKK:

IDAC:

Surveyor:

XG0

DOI:

ASSIGNMENT

15-1-18

Date / Time :

12/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Ym6304U



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 81/1/18

Make / Model :

Excess Sec II : \$\$ D.O.A : 81/1/18

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

GBB 4801 U



INSRS:

WSP:

Tel :

Liability :

RMKS:

Ledyfix



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBB 4801 U. X; Ym6304U - 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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$\$

(

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:

\$\$

Loss of Rental (LOR):

\$\$

(

days)

Loss of Use (LOU):

\$\$

(\$

x

days)

Loss of Income (LOI):

\$\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

Name 1:

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:

Karl.

REF: EQI

8306H

(-2019)

ASSIGNMENT

From: _____ Date: 15/01/18

Estimated Cost: _____

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

To inspect vehicle No:

GBB 48014

at Workshop: _____

Bodyfix

of No. 10 AMK Ind. Prk 2A #04-06

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

2pm @ owner waiting

Make of Vehicle: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	0

Bal. or Market Value: _____

ICAO Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date Time Action Instruction

Van No: _____

GBB 48014

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

Truck / Trailer or

Make:

Fiat Fiorino

cc 1248

Colour:

Blue

4 DO Insured / Std / NI / NA

So Reading:

97981

T Radio Insured / Std / NI / NA

Eng No: _____

O No: _____

ZFA225 000 000 43519

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Mod: _____

G

N/S / S/Rim / STD A/Rim or

Tyre Size:

R

185/65 R14

R

11

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

TOYO / YOKO or

Front

Rear

R.Bal.

6

mm

R.Bal.

6

mm

L.Bal.

6

mm

L.Bal.

6

mm

D.O.A.

D.O.A.

15-01-18

Survey held at

w/s

2pm

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 File Pass to:

☐

Preli. Report

☐

Final Report

Date Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Phone

Fax

E-mail

Signature

Date

Time

Initials

Report Format:

Lump Sum / I.B. / B.

Add Fee:

☐

Site Visit

\$

Interview

\$

Photograph

\$

Witnessing

\$

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8306H
Vehicle Details	
Vehicle No.:	GBB4801U
Vehicle to be Exported:	No
Intended De-registration Date:	16 Jan 2018
Vehicle Make:	FIAT
Vehicle Model:	FIORINO 1.3MJTD (225.2L20)
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	199A20002869553
Chassis No.:	ZFA22500000043519
Maximum Power Output:	-
Open Market Value:	\$17,611.00
Original Registration Date:	06 Apr 2009
First Registration Date:	06 Apr 2009
Transfer Count:	0
Actual ARF Paid:	\$881.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 Apr 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$5,600.00
COE Rebate Amount:	\$683.00
Total Rebate Amount:	\$683.00

The information contained herein is correct as at 16 Jan 2018

OK

► Fiat Fiorino Used Vehicle List (1 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
Fiat Fiorino 1.3JTD (Diesel)	\$16,000	\$9,180 /yr	15-Oct-2009	1,248 cc	-	Avon Cars Pte Ltd	Available

Still Service By Agent, Superb Condition, All Parts Changed, Test It Before U Decide, Price Is Negotiable, Sell With Warranty,

Office No. - -

Joe Lim - 88698866

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