

INS. CASE OWNER:

CC 6 / MG 180 22573, Ufa3

LKK:

IDAC:

Surveyor:

MARMS

DOI:

ASSIGNMENT

17/12/18

Date / Time:

17/12/18

Registered in Merimen:

17/12/18

Pre-assign / CCU / FTE

GBE 4165 6



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 17/12/18

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

GBD 4470E

INSRS:
WSP: Uu's bro.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
680 4470E - CC6 / MG 180 22573 / Ufa3: 17/12/18 GBE 4165 6 *	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"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	(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: S\$			
Loss of Rental (LOR): S\$	(days)		
Loss of Use (LOU): S\$	(\$ x days)		
Loss of Income (LOI): S\$	(\$ 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	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$		3) Survey fee:
Total: S\$	Global Sum SS:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GAD 4470Eat Workshop m/s 11's Ave

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: 4910

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction LTA 30478545 10m.

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.: (\$ _____)

Veh No: GAD 4470E Yr Regn: 10, 14

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

Truck / Trailer or NilMake: FIAT Doblo c.c. 1598Colour: White A/C: Insured / Std / NI / NASp.Reading: 73326 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2FA26300006107570Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: 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

Front 6 Rear 6

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/1/14 D.O.I. 17/1/14

Survey held at _____

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

Wst / 2L

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

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GBD4470E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Dec 2018
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO SX JTD 1.6 MJ
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	198A30006992755
Chassis No.:	ZFA26300006107510
Maximum Power Output:	-
Open Market Value:	\$20,062.00
Original Registration Date:	28 Oct 2014
First Registration Date:	28 Oct 2014
Transfer Count:	1
Actual ARF Paid:	\$1,004.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Oct 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$52,010.00
COE Rebate Amount:	\$30,478.00
Total Rebate Amount:	\$30,478.00

The information contained herein is correct as at 17 Dec 2018

OK



doblo

Price Range

Depreciation

2014

Vehicle Type



Submit

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COMPLETE CAR TRADE SOLUTIONS

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Car Details

Price \$49,000**Depreciation** \$8,380 /yr

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Reg Date 21-Oct-2014

(5yrs 10mths 3days COE left)

Manufactured 2014**Mileage** 35,985 km (8.7k /yr)**Transmission** Auto**Engine Cap** 1,598 cc**Curb Weight** 1,500 kg**Fuel type** Diesel**Features** Just Renewed Road Tax And Insurance Up To 20/10/2018.**Accessories** Original With Good Condition.**Description** 1 Owner, Seldom Driven, High PARF Rebate, New Road Tax, Regularly Servicing At Agent, Consignment Unit! Trade In Welcome! Loan And Insurance Available! Call Now For Viewing Appointment!**COE** \$49,901**OMV** \$20,654**ARF** \$1,033**Dereg Value** \$29,175 as of today (change)**No. of Owners** 1**Type of Veh** Van**Category** -**Availability** Available

Add to Shortlist

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Add a Note

Posted on: 07-Dec-2018 | Last Updated on: 07-Dec-2018

Tags: Fiat Doblo, fiat dobro, 2014 Fiat Doblo, 2014 fiat dobro, Fiat, Doblo, dobro, Used Fiat



Location Map

Seller Information

Company

Prem Roy Motoring

» dealer's pricelist

» 151 vehs sold | 203 vehs available

Address

9 Tagore Lane #02-03

Search cars nearby this location

Location

9@Tagore

Office No

66028046

Contact Person(s)

Zin

90025579

Ashvini

98896985

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