INS. CASE OWNER: | CC 4 /III1901 8331 , 9/63 | LKK: IDAC:

ASSIGNMENT

Surveyor: ____ DOI: ____ Date / Time : 17/10/19

Pre-assign / CCU / FTE Registered in Merimen: 17/10/19

Insured Vehicle No. : GBJ 7826H

Name of Insured : PAN PACIFIC VAN & TRUCK LEASING P/L

Insured Tel No. : ____ HP: ____

Excess Sec II :S$ ____ D.O.A : 15/10/19

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

If NO, Driver Name / Age : MOHAMED ZAINOL BIN SHAIK

Driver Tel No. : ____ (V/L: YES / NO) FAULT

Claim No. : ____

Policy No. : DIA MPC0005549.

Make / Model : NISSAN

Place of Accident : HOUGANG SERAI MSCP

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SGF 6853H →

INSRS: WSP: HOCK Tel : Liability : nah. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SGF 6853H - X GBJ 7826H - X
26/11 -	pending liability approval. ✓
TP -	liability clear send TP.
22/08/2020	10 DAYS NOTICE EMAIL TO TP
08/09/2020	NO SURVEY DONE, MR YEW TO SIGN

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: S$ (days) Reduction: Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability: % ~~100~~ (A ssessed) BOLA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: S$

Loss of Rental (LOR): S$ (s)

Loss of Use (LOU): S$ ($ x

Loss of Income (LOI): S$ ($ x

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + L ck only one)

GIA/LTA Search S$

Medical: S$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ e.g. Tow dent) 2) Report Format:

Legal Cost S$ 3) Survey fee:

Total: S$ al Sum S$:

FINAL PAYMENT Date/Time: onfirm 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: