15/5/2010

INS. CASE OWNER: Sundari 6347 6071 | CC4/III19019215/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS   DOI: 30/10/2019   Date / Time : 29.10.2019

Registered in Merimen: 31.10.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : GBJ 2633J		Claim No. :	
Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PL		Policy No. :	D19MFL0005549
Insured Tel No. :	HP:	Make / Model :	TOYOTA HIACE-3.0 D (M)
Excess Sec II :S$	D.O.A : 21/10/2019 17:50	Place of Accident :	SIMS AVENUE (TOWARDS BEDOK)
Is driver the owner? (YES / NO)		Nature of Accident :	

If **NO**, Driver Name / Age : NORFARHAN BIN MOHAMAD DAHLAN   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-87490809 (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

GBF 4634P → → →

INSRS: WSP: Focus Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	GBF4634P - X	GBJ2633J - X
12/11/19	— File → type mandate.	
29/11/19	— File → S/L to send DVR request for AIA	

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: U/S	S$ 4000.00 (3 days)	Reduction: 20.56 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/12/19	Confirm with Jenny	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NA	If NO or B 28, Ass. Lia :
Repair Cost: u/69	S$ 4280.00		
Loss of Rental (LOR):	S$ 360.00 (3 days)	X $120	
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only	☐ LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 4647.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4647.45	Name 1: Focus Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: ... MARCUS

REF: 11/. 1975/vg.

ASSIGNMENT

From: .... Date: ....

Estimated Cost: ....

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

To Inspect Vehicle No: GBF4634P

at Workshop m/s Locus

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: 48k.

IDAC Accident Rport: .... 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

Vehicle: IN / OUT

Date: .... Person Contacted: ....

Veh No: GBF4634P Yr Regn: 11 / 16

Type: M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer or CM

Make: Nissan cabstar c.c 2953

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 70476 T/Radio: Insured / Std / NI / NA

Eng/No: ....

C/No: JN1SC2F24Z0859244

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: 175/80 R15

R: 155 R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / (YOKO) or ....

	Front		Rear
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	21/10/19	D.O.I.	30/10/19

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
	LYA 3336D Powergate
	4S $ 4000 Cled $ 4980/56/4.

Date/Time, File Pass to? [ ] : Preli. Report

1) .... [ ] : Final Report

Date/Time, File Return to?

2) ....

Days Of Repair: ....

Resurvey No. of Trip: ....

Add Fee: [ ] : Site Insp ($ ....)

[ ] : Interview ($ ....)

[ ] : Tech. Inve ($ ....)

[ ] : Weekend ($ ....)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

TOTAL

Report Format : ....

Lump Sum / I.B.J. / ....