

INS. CASE OWNER:

Sundari
6347 6071

CC4/III19019215/Upa3

LKK:

IDAC:

Surveyor:

MARCUS

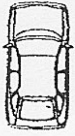
DOI: 30/10/2019

ASSIGNMENT

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

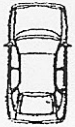
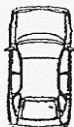
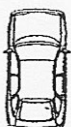
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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	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:	Confirm with:	Confirm by:
Repair Cost:	S\$ 4000.00	3 days	Reduction:	20.56 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	28/12/19	Confirm with:	Jenny
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No.:		If NO or B 28, Ass. Lia :
Repair Cost:	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/TA Search	S\$ 7.45				
Medical:	S\$ -				
Disbursement:	S\$ -	(e.g. Tow/ Independent)			
Legal Cost	S\$ -				
Total:	S\$ 4647.45	Global Sum S\$:			
FINAL PAYMENT		Date/Time:	28/12/19	Confirm with:	Jenny
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:

REF:

14/1975/14
ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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.

Bal. or Market Value:

IDAC 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBF 4634P

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:

JNISC2F2420859244

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

175/80 R15

R:

153 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 33360 Powergate

45 \$ 4000 Cled \$ 4980/56M.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / LRU: \$