

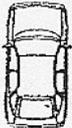
Surveyor: MARCUS

DOI: 06/11/2019

Date / Time: 04.11.2019

Registered in Merimen: 05.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 1948P
Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Insured Tel No. : _____ HP: _____
Excess See II : \$ \$ _____ D.O.A. : 02/11/2019 12:35
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : MFL2019D0001367
Policy No. : D19MFL0005549
Make / Model : FIAT DOBLO CARGO MAXI-1.6 MJ (A)
Place of Accident : KPE MCE 4.3KM TOWARDS CITY

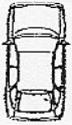
If NO, Driver Name / Age : AZIM NADIM JAHAM
Driver Tel No. : +65-83553124 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : _____ % Final ? Yes / No

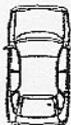
SDW 6588M

GBD 1948P

SKP 1728M

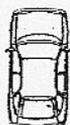


INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

OI



INSRS:
WSP: Abwin Service
Tel:
Liability:
RMKS: TP



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
	SKP 1728M - NA/INC16010996/Y: DOA: 12.6.16 - CC4/AIG16011052/Aha3q2; DOA: 12.6.16	
	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

Handwritten notes in the table:

- 11/11/19 - III VDS.
- 13/11/19 - File -> Marcus.
- 14/11/19 - File -> type mandate
- 24/1/2020 - DV sent
- 24/1/2020 - File -> MK to close

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$ \$	(_____ days) Reduction:	% Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>24/1/2020</u>	Confirm with: <u>Genie</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28 (3 cr 9022nd)</u>	If NO or B 28, Ass. Lia : <u>0%</u>
Repair Cost:	\$ \$ <u>337.00</u>		
Loss of Rental (LOR):	\$ \$ <u>330.00</u>	(<u>3</u> days) <u>28</u>	
Loss of Use (LOU):	\$ \$ _____	(\$ _____ x _____ days)	
Loss of Income (LOI):	\$ \$ _____	(\$ _____ x _____ days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$ \$ <u>7.45</u>		
Medical:	\$ \$ _____		
Disbursement:	\$ \$ _____	(c.g. Tow/Independent)	
Legal Cost	\$ \$ _____		
Total:	\$ \$ <u>3654.45</u>	Global Sum \$ \$: <u>3650.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$ \$ <u>3650.00</u>	Name 1: <u>Abwin Service Pte Ltd</u>	
Payee 2: (Strike if N.A.)	\$ \$ _____	Name 2:	
Payee 3: (Strike if N.A.)	\$ \$ _____	Name 3:	

COPY SENT 24/1/2020

OK