15/5/2010

INS. CASE OWNER: CC4/III19020908/ U pa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Mavis DOI: 7/11/2019 Date / Time : 26.11.2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 4356G

Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/11/2019 21:00

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

If **NO**, Driver Name / Age : YER HOCK KENG

Driver Tel No. : +65-84345778 (V/L: YES / NO)

Claim No. :

Policy No. : D19MFL0005549

Make / Model : TOYOTA HIACE-3.0 D 3.0 (M)

Place of Accident : BETWEEN LOR 12 GEYLANG AND LOR 14 ~~GEYLANG~~

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

Insured Liability : % **Final ? Yes / No**

SKD 2417S →

INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS: AGW Mktg

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKD 2417S - CC3/AIG12009456/Kvd1; DOA: 04.05.12
	GBH 4356G - X
21/6/2020	NO response from TP
	Submit up to IV

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$ 3400.00 (3 days) Reduction: 79 % Email ☐ Call ☐

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

Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL
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 ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**
GIA/LTA Search	S$	
Medical:	S$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	**S$**	**Global Sum S$:**

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle (up)

2) Report Format: TP

3) Survey fee: ~~450.00~~ 450.00

FINAL PAYMENT Date/Time: Confirm 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:	