

15/5/2010

INS. CASE OWNER:

CC4/III19020908/ ^Upa3

LKK:

IDAC:

Surveyor:

Mans

DOI:

ASSIGNMENT

21/1/2020

Date / Time : 26.11.2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 4356G

Claim No. :

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

Policy No. : D19MFL0005549

Insured Tel No. : HP:

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

Excess Sec II : S\$

D.O.A : 10/11/2019 21:00

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

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

If NO, Driver Name / Age : YER HOCK KENG

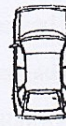
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-84345778

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKD 2417S

INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS: Asia MotorINSRS:
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

STAGE

DATE / PIC

GBH 4356G - X

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 by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: 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

If NO or B 28, Ass. Lia :

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total: S\$

Global Sum S\$:

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$

Name 1:

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: