INS. CASE OWNER: CC 4/111190 m460, gbh | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/11/19

Registered in Merimen: 21/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. : GBG 1529H

Name of Insured : Pan Pacific Van & Truck Leasing PL

Insured Tel No. : _____ HP: _____

Excess See II :S$ _____ D.O.A : 15/11/19

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

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

(V/L- YES / NO) Insured Liability : % **Final ? Yes / No**

SMP 1378X → _____ → _____ → _____

INSRS:
WSP:
Tel :
Liability : UKL
RMKS: KLIR

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMP 1378X - T GBG 1529H - X
25/2/2020	- V OI GIA Rec'd
7/3	- REA AVE from TP (OI voted no accident)
25/3	- 2nd reminder → TP
27/3	- TP no evidence. (Pending OI Ave)
02/9/20	CANCEL CASE, NO SURVEY DONE. TP GOT NO EVIDENCE TO SUPPORT THEIR CLAIM. MR YEW TO SIGN

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:	S$	(days) Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	%	(Agr Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x)	
Loss of Income (LOI):	S$	($ x)	
LOR only LOU only		LOR + LOU LOR + LO k only one]	
GIA/LTA Search	S$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	e.g. Tow endent)	3) Survey fee:
Legal Cost	S$		
Total:	S$	al Sum S$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	