15/5/2010

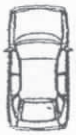
INS. CASE OWNER: Sundari | CC4/III19022682/Dga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 26.12.2019 Date / Time : 26.12.2019

Registered in Merimen: 26/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 643D

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

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/12/2019 20:10

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : FAIZAL BIN MOHAMED SHARIFF

Driver Tel No. : +65-94731479 (V/L: YES / NO)

Claim No. : MFL2020D0000008

Policy No. : D19MFL0005549

Make / Model : NISSAN CABSTAR-3.0 5M/T ABS

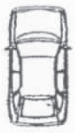
Place of Accident : KPE TUNNEL TOWARDS PIE TUAS

Nature of Accident :

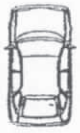
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

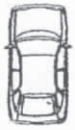
SHC 1810L → → →



INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1810L - CS/FCI18022493/R1sd3n2; DOA: 01.12.18
	- CS/TMI17011332/M1tbn2; DOA: 10.6.17
	- CS/FCI17019287/Dcbn2; DOA: 03.10.17
	GBH 643D - 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:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% (Agreed / 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 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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	**S$** **Global Sum S$:**	

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:	

77682/ Dg. +OINK.

CdE Sept 2026

REF:

ASS. REC. BY:

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.

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 1810L Yr Regn: 2018, Sept

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Hyundai Ioniq c.c 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp.Reading: 206747 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEJU081784

C/No: KMHC851CVKU107536

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 195/65R15

R: — 〃 —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Davanti

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 23/12/2019 D.O.I. 26/12/2019

Survey held at: Chunni AMK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or H/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TIII GBH 643D

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__S + RS. __SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I. (:)