

Surveyor:

SLEW

DOI:

ASSIGNMENT

25/3/2020

Date / Time : 19/03/2020

Registered in Merimen: 19/03/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : GBG 9221J

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : 62840827 HP: 87518500

Make / Model : TOYOTA HIACE-3.0 D TURBO 5 DR (M)

Excess Sec II :S\$

D.O.A : 17/03/2020 13:40

Place of Accident : JUNCTION OF TAMPINES AVE 6 AND TAMPINES

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

If NO, Driver Name / Age : NOORFADHILAH

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

Driver Tel No. : 87518500

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKZ 226Z

INSRS:
WSP: Performance
Tel: Motors
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SKZ 226Z - X	GBG 9221J - X	STAGE	DATE / PIC	
19/05/2020	Pls refer to Views for details.		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"/>	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>			
PIR:	<input type="checkbox"/>	<input type="checkbox"/>			
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>			
LOD	<input type="checkbox"/>	<input type="checkbox"/>			
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>			
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	
			Others:	<input type="checkbox"/>	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: P/P	S\$ 7,824.50 (6 days) Reduction: 28 %		Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT	Date/Time: 19/05/2020	Confirm with: Caroline	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 8,372.22				
Loss of Rental (LOR w/GST)	S\$ 642.00 (6 days) x \$100				
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]					
GIA/LTA Search	S\$ 7.45				
Medical:	S\$				
Disbursement:	S\$ (e.g. Tow/ Independent)		1) Claim status: Normal/ Rejected/Partial Paid		
Legal Cost	S\$		2) Report Format: TP		
			3) Survey fee: \$500.00		
Total:	S\$ 9,021.67	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 9,021.67	Name 1: Performance Motors Limited			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			