

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 15/07/2020Registered in Merimen: 15/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 1065R

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5Excess Sec II :S\$ _____ D.O.A : 13/07/2020Place of Accident : BUKIT TIMAH RD TURNING
LEFT TO FARRER ROAD

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

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**SJY 5519M →INSRS:
WSP: MOVA
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJY 5519M - X GBH 1065R - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
04/09/2020	Pls refer to VIEWS for details.	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/sum</u>	S\$ <u>3,200.00</u> (<u>4</u> days) Reduction: <u>32</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>04/09/2020</u> Confirm with <u>Suann</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>3,424.00</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>400.00</u> (\$ <u>100</u> x <u>4</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.49</u>		
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>3,831.49</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>3,831.49</u> Name 1: <u>Mova Automotive Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		