

INS. CASE OWNER:

CC6 / III 2000 7313 / Dbs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

BRYAN

DOI:

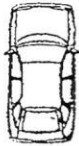
09/07/2020

Date / Time :

09/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 766Y

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 05/07/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

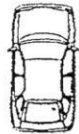
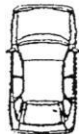
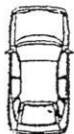
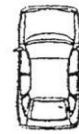
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHA 8317J

INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	SHA 8317J : CC3/AIG15020949/H1ub3q2 ; DOA : 05/12/2015 GBJ 766Y : 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:	☐ ☐
04/02/2021	SETTLED AND CLOSED / NO PHY FILE		
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 22,000.00 (10 days)	Reduction: 56.75 %	Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 02/02/2021	Confirm with: MISS LEONG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 23,540.00		
Loss of Rental (LOR):	S\$ 2,006.40 (16 days) x \$125.40		Insured driver left turn and hit third party
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 640.00 (\$ 40 x 16 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ 80.00 (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$600.00
Total:	S\$ 26,273.89	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 26,273.89	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	