

INS. CASE OWNER:

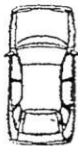
CC6 / III 2000 7313 / Dbs3

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 : \$\$ D.O.A : **05/07/2020**

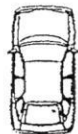
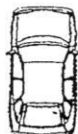
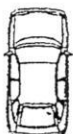
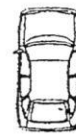
Place of Accident : _____

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

If NO, Driver Name / Age :

OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)

Insured Liability : _____ % Final ? Yes / No

SHA 8317JINSRS:
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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	\$\$ (_____ 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:	\$\$		
Loss of Rental (LOR):	\$\$ (_____ days)		
Loss of Use (LOU):	\$\$ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	\$\$		
Medical:	\$\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$\$	3) Survey fee:	
Total:	\$\$ Global Sum \$\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐	Call ☐
Payee 1:	\$\$ Name 1: _____		
Payee 2: (Strike if N.A.)	\$\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$\$ Name 3: _____		