15/5/2010					LKK:	
		CC4 / III 2000	8526 /	Ups3	IDAC:	
INS. CASE OWNER:		ASSIGNM				
		47/00/0	000	<u> </u>	47/00/2020	
Surveyor:	Marcus	DOI:1//08/2	020	Date / Time :	17/08/2020 17/08/2020	
				Registered in Merin	nen: 17/08/202	<u></u>
Pre-assign / CCU / F	TE					
Insured Vehicle No.	: <u>GBG 84</u>	86T	Claim No.	• -		
Name of Insured	PAN PACIFIC VAN 8	TRUCK LEASING PTE LTD	Policy No.	:		
d Ivanie of manee			24.2 (24.4.1			
Insured Tel No.		_ HP:	Make / Model			
Excess Sec II :S\$		D.O.A: 14/08/2020	Place of Accide	nt :		
Is driver the owner?	(YES/NO)	Nature of Accident :				
			OLGIA REPOR	T. FES / NO . TP	GIA REPORT: YES / NO	0
If NO, Driver Name		(T)	Insured Liabilit		Final? Yes/No	
Driver Tel No). :	(V/L: YES / NO)	Insured Liabilit	y . /0		
C1170767					—	
SJJ 7376Z				•		
INSRS:	INSRS	3:	INSRS:		INSRS: WSP:	
WSP ASIA MOTOR	SPORTS WSP:		WSP: Tel:	村一片	Tel:	
	Tel:	H H	Liability:	D D	Liability:	
Liability:	Liabili	1/4 -1/1	RMKS:		RMKS:	
RMKS:	RMKS	S:	KWIKS.			
Date/ Time					DATE / I	DIC
The state of the s	SJJ 7376Z : CS3/T	SI15008367/Fbk3; DOA	: 18/05/2015	STAGE		FIC
	GBG 8486T : NA/INC20008506/z4 ; DOA : 14/08/2020			Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
				Non-Reporting ltr (F		
		The state of the s		Notification ltr (if no	on-pickup):	
2011171121	- Rosel -18 etc	AM.		Call OI:		
4/11/10000	Ingle II II			After call ltr to OI:		
01.12.01	wh + Submit up report to III			Documentation Check List: Handler Typist		
35 000				Notification ltr (if non-pickup)		
				After call ltr to Ol:		
A House of House and the state of the state		Reject Case		Authorisation To Ac	ct:	
		By (staff) HSiao 7		Release Voucher:		
		Approved by:	8	Final Repair Bill:		
CONTRACTOR CONTRACTOR CONTRACTOR AND ADMINISTRACTOR AND ADMINISTRACTOR AND ADMINISTRACTOR AND ADMINISTRACTOR AND ADMINISTRACTOR ADMINISTRACTOR AND ADMINISTRACTOR ADMINISTRACTOR AND ADMINISTRACTOR AND ADMINISTRACTOR ADMINISTRACTOR AND ADMINISTRACTOR ADMINISTRACT		Date : 28/01/		Car Rental Invoice:		
		Appears an amount of the property of the prope	White the Committee of	Towing Invoice		
				LTA / GIA :		
		The second secon		Medical Bill:		
				PIR:		
				Mandate/Reject In	nstruction:	
					T	
				Payment Breakdo		
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photo	58.	
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	Email Call	
Repair Cost: LSUW	ss 1500-W (3 days) Reduction: 86.	%	Email Cal	A	
FINAL SETTLEMENT	Date/Time:	Confirm with		If NO or B 28, A		
Final Liability;	% (Agree	d / Assessed) BOLA S/N No.:		II NO 01 B 28, A	33, DIG ,	And the second s
Repair Cost:	S\$	and the state of t	V		and a property of the second o	
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	104	x days)				
Loss of Income (LOI):		x days)			11 95 May 25 -	
LOR only LOU only	LOR + LOU	LOR + LOI [Tick only or	nej		POTENT SERVICE DESCRIPTION OF THE PROPERTY OF	
GIA/LTA Search	S\$			1) Claim status:	Normal/Reject/Private Se	ettle (W)
Medical:	S\$			Claim status: Report Forma		4
Disbursement:	S\$	(e.g. Tow/ Independ	ent)	3) Survey fee:	\$ 350.00	
Legal Cost	SS	Clobal Cum CC.		10, 2011 10, 1001		
Total:	SS	Global Sum S\$: Confirm with:	nije i i i i i i i i i i i i i i i i i i	Email Ca	all	
FINAL PAYMENT	Date/Time;					
Payee 1:	S\$	Name 1:			E ALICE DE LA CONTRACTOR DE LA CONTRACTO	