

INS. CASE OWNER:

CC 4 / III 2000 8526 / Ups3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Marcus

DOI:

17/08/2020

Date / Time :

17/08/2020

Registered in Merimen:

17/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 8486T

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 : 14/08/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

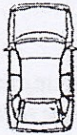
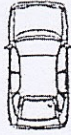
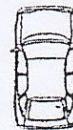
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SJJ 7376Z

INSRS:
WSP: ASIA MOTORSPORTS
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJJ 7376Z : CS3/TSI15008367/Fbk3 ; DOA : 18/05/2015
GBG 8486T : NA/INC20008506/z4 ; DOA : 14/08/2020

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:

21/11/2021 Regest TR claim.

3/5/2021 * Submit up report to III

Reject Case

By (staff) : Hsiao Tong

Approved by : Jw

Date : 28/01/21

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 4500 S\$ 1500.00 (3 days) Reduction: 86 %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:

S\$

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total: S\$ Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

Name 1:

1) Claim status: Normal/Reject/Private Settle UP

2) Report Format:

3) Survey fee:

\$ 350.00