

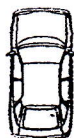
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 12/11/2020Registered in Merimen: 12/11/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GBK 3873X

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 : 11/11/2020

Place of Accident : _____

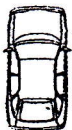
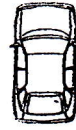
Is driver the owner? (YES / **NO**)

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 9794H**INSRS:
WSP: **BIFROST**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHA 9794H : CS/INC09013011/Cvn ; DOA : 10/06/2009 GBK 3873X : 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: S\$ _____	(_____ 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: 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 + LC ☐ [Tick only one]			
GIA/LTA Search S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Medical: S\$ _____		2) Report Format: _____	
Disbursement: S\$ _____	(e.g. Tow/ Independent)	3) Survey fee: _____	
Legal Cost S\$ _____			
Total: S\$ _____	Global Sum S\$: _____		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐	Call ☐
Payee 1: S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		

8/1/2021

✓

cancel case - TPV already survey by vicom -
my new to sign.