15/5/2010

INS. CASE OWNER:

CC4/III21000109/Kga3

LKK:

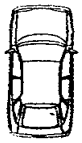
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 04/01/2021 Date / Time : 04/01/2021

Registered in Merimen: 04/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 8716E Claim No. :

Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD Policy No. : D19MFL0005549_01

Insured Tel No. : HP: Make / Model :

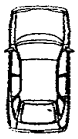
Excess Sec II :S$ D.O.A : 27/12/2020 15:45 Place of Accident : CTE towards City from Woodlands

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

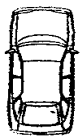
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

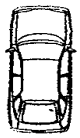
GBG 8716E → SHF 512M → SLS 7259H → GBB 6126Y -> GW 3811C



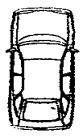
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: TRANS-CAB AUTO
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHF 512M - CC3/AXA14012921/Kue3q2 ; 07.07.2014	**STAGE** **DATE / PIC**
	GBG 8716E - X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	TPV: RENAULT LATITUDE - 1995cc	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	CLAIMANT: TRANS-CAB SERVICES PTE LTD	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: TOTAL LOSS	S$ $6,650.00 (24 days)	Reduction: $147,180.37 % 96	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/01/2022	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 7,115.50	W/GST	
Loss of Rental (LOR):	S$ 1,135.82 (14 days)	x $81.13	C.C (OI LAST)
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 560.00 ($ 40 x 14 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$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $600.00
Total:	**S$** 8,818.77	**Global Sum S$:** 8,800.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 8,800.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		