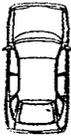


**ASSIGNMENT**

Surveyor: LTG DOI: 20/01/2021 Date / Time : 20/01/2021  
 Registered in Merimen: 20/01/2021

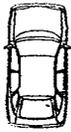
**Pre-assign / CCU / FTE**



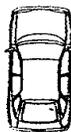
Insured Vehicle No. : YP 7408G Claim No. : \_\_\_\_\_  
 Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :\$** \_\_\_\_\_ D.O.A : 18/01/2021 Place of Accident : \_\_\_\_\_  
 Is 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**

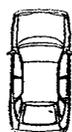
**SMS 7223Z**



INSRS: \_\_\_\_\_  
 WSP: **AUBURN**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	SMS 7223Z : X ; YP 7408G : 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:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:    
 Others:

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: REPAIR LIMIT \$S 2,546.00 ( 5 days) Reduction: \$8,580.00 % 76 Email  Call

**FINAL SETTLEMENT** Date/Time: 25/08/2021 Confirm with JENNIE Email  Call   
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: \$S 2,546.00  
 Loss of Rental (LOR): \$S 600.00 ( 5 days) x \$120.00  
 Loss of Use (LOU): \$S 160.00 (\$ 80 x 2 days)  
 Loss of Income (LOI): \$S (\$ x days)  
 LOR only  LOU only  LOR + LOU  LOR + LOU  **[Tick only one]**  
 GIA/LTA Search \$S 7.45  
 Medical: \$S  
 Disbursement: \$S (e.g. Tow/ Independent )  
 Legal Cost \$S  
 1) Claim status:  Normal/Reject/Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$500.00

**Total:** \$S 3,313.45 **Global Sum \$S:**

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
 Payee 1: \$S 3,313.45 Name 1: AUBURN AUTO PTE LTD

Payee 2: (Strike if N.A.) \$S Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$S Name 3: \_\_\_\_\_