

ASSIGNMENTSurveyor: AdrianDOI: 23/03/2021Date / Time : 17/03/2021Registered in Merimen: 17/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : YN 165M

Claim No. : _____

Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

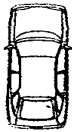
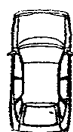
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/03/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SFS 1866R**INSRS:
WSP: BW WORKSHOP
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SFS 1866R : X	STAGE
	YN 165M : NA/AIG16015564/S ; DOA : 19/08/2016	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>P/P</u>	S\$ <u>3,488.64</u> (<u>5</u> days) Reduction: <u>33</u> %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>27/06/2021</u> Confirm with <u>Inn</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>24</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	S\$ <u>3,732.84</u>	
Loss of Rental (LOR):	S\$ (_____ days)	
Loss of Use (LOU):	S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</u> days)	
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>4,100.29</u> Global Sum S\$: <u>4,100.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ <u>4,100.00</u>	Name 1: <u>BW Workshop Services Pte Ltd</u>
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: