

**ASSIGNMENT**Surveyor: **STEVE**DOI: **12/05/2021**Date / Time : **20/04/2021**Registered in Merimen: **20/04/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 7365K**

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 : **16/04/2021**

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****SMV 5533B** →INSRS:  
WSP:  
Tel : **CYCLE & CARRIAGE**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SMV 5533B : X ; GBH 7365K : 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:</b>                                        | <b>Handler</b>                                               |
|                                                                                |                                    |                                              | Notification ltr (if non-pickup)                                        | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | After call ltr to OI:                                                   | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Authorisation To Act:                                                   | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Release Voucher:                                                        | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Final Repair Bill:                                                      | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Car Rental Invoice:                                                     | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Towing Invoice                                                          | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | LTA / GIA :                                                             | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Medical Bill:                                                           | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | PIR:                                                                    | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Mandate/Reject Instruction:                                             | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | LOD                                                                     | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Payment Breakdown Form:                                                 | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                         | Sent By:                                     | Post-Repair Photos:                                                     | <input type="checkbox"/>                                     |
|                                                                                |                                    |                                              | Others:                                                                 | <input type="checkbox"/>                                     |
| <b>FINALIZATION</b>                                                            | Date/Time:                         | Confirm with:                                | Confirm by:                                                             |                                                              |
| Repair Cost: <b>P/P</b>                                                        | S\$ <b>2,224.00</b>                | ( <b>3</b> days) Reduction: <b>\$80.00</b>   | % <b>3</b>                                                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>16/06/2021</b>       | Confirm with <b>LARRY</b>                    | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Final Liability:                                                               | % <b>100</b>                       | (Agreed / Assessed) BOLA S/N No. : <b>27</b> | If NO or B 28, Ass. Lia :                                               |                                                              |
| Repair Cost:                                                                   | S\$ <b>2,379.68</b>                | <b>W/GST</b>                                 |                                                                         |                                                              |
| Loss of Rental (LOR):                                                          | S\$ <b>535.00</b>                  | ( <b>5</b> days) <b>x \$107.00</b>           | <b>W/GST</b>                                                            |                                                              |
| Loss of Use (LOU):                                                             | S\$ (\$ x days)                    |                                              |                                                                         |                                                              |
| Loss of Income (LOI):                                                          | S\$ (\$ x days)                    |                                              |                                                                         |                                                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LO <input type="checkbox"/>            | [Tick only one]                                                         |                                                              |
| GIA/LTA Search                                                                 | S\$ <b>7.45</b>                    |                                              |                                                                         |                                                              |
| Medical:                                                                       | S\$                                |                                              |                                                                         | 1) Claim status: <b>Normal/Reject/Private Settle</b>         |
| Disbursement:                                                                  | S\$                                | (e.g. Tow/ Independent )                     |                                                                         | 2) Report Format: <b>TP</b>                                  |
| Legal Cost                                                                     | S\$                                |                                              |                                                                         | 3) Survey fee: <b>\$350.00</b>                               |
| <b>Total:</b>                                                                  | S\$ <b>2,922.13</b>                | <b>Global Sum S\$:</b>                       |                                                                         |                                                              |
| <b>FINAL PAYMENT</b>                                                           | Date/Time:                         | Confirm with:                                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Payee 1:                                                                       | S\$ <b>2,922.13</b>                | Name 1:                                      | <b>CYCLE &amp; CARRIAGE AUTOMOTIVE PTE LIMITED</b>                      |                                                              |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                                      |                                                                         |                                                              |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                                      |                                                                         |                                                              |