15/5/2010

INS. CASE OWNER: CC6/III21006849/Ugs3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 21/06/2021 Date / Time : 21/06/2021

Registered in Merimen: 21/06/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : GBJ 8816J 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 : 11/06/2021 Place of Accident :

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: (YES) NO) OI GIA REPORT: (YES) NO ; TP GIA REPORT: (YES) NO

Insured Liability : % **Final ? Yes / No**

SMW 8264C →

INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMW 8264C : X ; GBJ 8816J : X
24/08/2021	REJECTION EMAIL TO TP - III'S INSTRUCTION. TP TRAVELLING AGAINST TRAFFIC FLOW, NO EVIDENCE FROM TP TO SUPPORT THEIR CLAIM. MR YEW TO CHOP + SIGN

Reject Case
By (staff) : celina
Approved by : [illegible]
Date : 07/09/21

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: $3,300.00 Confirm with: $7,717.90 Confirm by:

Repair Cost: L/S S$ ~~10,500.00~~ (~~10~~ 4 days) Reduction: ~~$7,911.29~~ % ~~43~~ 70 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐
Final Liability:	% 0	(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 + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: REJECT
Legal Cost	S$		3) Survey fee: ~~$450.00~~ $350.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	