

ASSIGNMENTSurveyor: ThevanDOI: 04/01/2022Date / Time : 04/01/2022Registered in Merimen: 03/01/2022 BY WKSP**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 2720B

Claim No. :

Name of Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD.Policy No. : D19MFL000554

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II : \$

D.O.A : 01/01/2022 17:45Place of Accident : CTE, Singapore

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

If NO, Driver Name / Age :

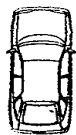
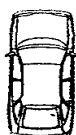
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHC 8506UINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHC 8506U - CC4/AIG19021546/Fka3q2; 05/12/2019</u>	Non-Reporting ltr (1st):	
	<u>CS/FCI17003675/Avbn2; 20/02/2017</u>	Non-Reporting ltr (2nd):	
	<u>CS/FCI17004832/h3; 02/03/2017</u>	Non-Reporting ltr (Final):	
	<u>CS/FCI17017777/Krbn2; 11/09/2017</u>	Notification ltr (if non-pickup):	
	<u>CS/FCI19011172/R1qd3n2; 18/06/2019</u>	Call OI:	
	<u>NA/INC18009030/r3; 01/05/2018</u>	After call ltr to OI:	
	<u>GBH 2720B - X</u>	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: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>1,050.00</u> (<u>2</u> days) Reduction: <u>46</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>04/02/2022</u> Confirm with: <u>Wendy</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: <u>W/GST</u>	S\$ <u>1,123.50</u>		
Loss of Rental (LOR):	S\$ <u>332.01</u> (<u>3</u> days) x S\$ <u>110.67</u>		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>120.00</u> (\$ <u>40</u> x <u>3</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ <u>7.49</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>1,583.00</u> Global Sum S\$: <u>1,500.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>1,500.00</u> Name 1: <u>ComfortDelGro Engineering Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		