

ASSIGNMENT

Surveyor:

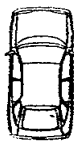
ADRIAN

DOI:

25/07/2022

Date / Time : 15/07/2022

Registered in Merimen: 17/08/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 622P

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 : 14/07/2022 08:30

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. :

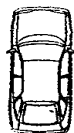
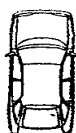
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SLF 8293U

INSRS:
WSP: HD Perfect
Tel : Autowork Pte. Ltd.
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SLF 8293U	CC4/ASM2002131/Aga3s2 29/07/2020 SLF 8293U GBE 2971J 05/02/2020 03/08/2020	HMK	
GBH 622P	NBA/GAI2002106/Y 06/02/2020 SAKTHIVEL KUMAR SUNDARAM SLF 8293U GBE 2971J 05/02/2020 24/02/2020	RBA	
SLF 8293U	CC4/III20014758/Uga3q2 06/08/2021 SMD 8924G GBH 622P 26/12/2020 06/08/2021	HMK	
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:	L/SUM S\$ 5,000.00 (5 days) Reduction: 64 %	Email	Call
FINAL SETTLEMENT Date/Time: 03/02/2023 Confirm with: IRENE Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 5,000.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 38.45		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$500.00	
Total:	S\$ 5,338.45 Global Sum S\$: 5,330.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	S\$ 5,330.00 Name 1: HD Perfect Autowork Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		