

15/5/2010

INS. CASE OWNER:

Lynthia

CC4 AXA1800

4952, #16624

LKK:
IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

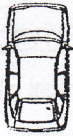
14/7/18

Date / Time:

14/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJU 1280Y

Name of Insured:

FNG SWEE MOI SUSAN

Insured Tel No.:

HP: 9667835

Excess Sec II :\$S

D.O.A:

14/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8MOOAOQV / 34781

Policy No.:

UPA / N377065

Make / Model:

CHEVROLET

Place of Accident:

WEST CONST RD

If NO, Driver Name / Age:

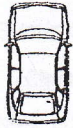
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHL 6019Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

premier



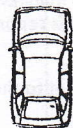
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
7/7/18	Non-Reporting ltr (1st):	
7/7/18	Non-Reporting ltr (2nd):	
7/7/18	Non-Reporting ltr (Final):	
7/7/18	Notification ltr (if non-pickup):	
7/7/18	Call OI:	
7/7/18	After call ltr to OI:	210218 - vic
7/7/18	Documentation Check List:	Handler Typist
7/7/18	Notification ltr (if non-pickup)	☐
7/7/18	After call ltr to OI:	☒
7/7/18	Authorisation To Act:	☒
7/7/18	Release Voucher:	☒
7/7/18	Final Repair Bill:	☒
7/7/18	Car Rental Invoice:	☒
7/7/18	Towing Invoice:	☐
7/7/18	LTA / GIA:	☒
7/7/18	Medical Bill:	☐
7/7/18	PIR:	☐
7/7/18	Mandate/Reject Instruction:	☒
7/7/18	LOD:	☒
7/7/18	Payment Breakdown Form:	☐
7/7/18	Post-Repair Photos:	☒
7/7/18	Others:	☐
7/7/18	PRELIMINARY ADVICE	Date/Time: 14/7/18 Sent By: [Signature]
7/7/18	FINALIZATION	Date/Time: Confirm with: Confirm by:
7/7/18	Repair Cost: H6	\$S 2,300.00 (3 days) Reduction: 46 % Email ☐ Call ☐
7/7/18	FINAL SETTLEMENT	Date/Time: 21/11/18 Confirm with: GARY Email ☒ Call ☐
7/7/18	Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27
7/7/18	Repair Cost: (w/600)	\$S 2,461.00
7/7/18	Loss of Rental (LOR):	\$S 580.30 (5 days) X \$116.06
7/7/18	Loss of Use (LOU):	\$S 200.00 x 5 days
7/7/18	Loss of Income (LOI):	\$S () x days
7/7/18	LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]	
7/7/18	GIA/LTA Search	\$S 2.00
7/7/18	Medical:	\$S -
7/7/18	Disbursement:	\$S - (e.g. Tow/Independent)
7/7/18	Legal Cost	\$S -
7/7/18	Total:	\$S 3,243.30 Global Sum \$S: 3,240.00
7/7/18	FINAL PAYMENT	Date/Time: Confirm with: Email ☐ Call ☐
7/7/18	Payee 1:	\$S 3,240.00 Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD
7/7/18	Payee 2: (Strike if N.A.)	\$S - Name 2: -
7/7/18	Payee 3: (Strike if N.A.)	\$S - Name 3: -