

CS3/AIG14019147/11wa392-2

TP SURVEYOR: Shamir TP WORKSHOP: Premier Automotive TP LAWYER NAME: 171 e39 LOD date: 14days
 Tel: 6544 6689 Tel: 171 e39 8 Weeks later: 20/11/14
 Final Due Date: 20/11/14
 INS CASE OWNER: Samudran CS3/AIG14019147 171 e39 LKK: 171 e39 IDAC: 171 e39

ASSIGNMENT

Surveyor: Taufik DOI: 09/10/14 Date / Time: 09/10/14
 Pre-assign / CCU / FTE: SKH 80612 Registered in Merimen: 20/11/14
 Insured Vehicle No.: SKH 80612 Claim No.: 189915616154
 Name of Insured: SKH 80612 Policy No.: 2100328432
 Insured Tel No.: HP: 09/10/14 Make / Model: 1. Alphard
 Excess Sec II : \$5 D.O.A: 09/10/14 Place of Accident: The Terrabell Hotel
 Is driver the owner? (YES / NO) Nature of Accident: TP GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 If NO, Driver Name / Age: Driver Tel No.: % Final? Yes / No

SHD 16784

INSRS:	INSRS:	INSRS:	INSRS:
WSP: <u>Premier</u>	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date / Time	FOR CSO ONLY:	STAGE	DATE / PIC
	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Does driver got his/her owned vehicle? : (YES / NO)	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	SHD 16784 - CS / MS013023764 / Hlg msk3, PPA: M/hk	Call OI:	
	SKH 80612 - X	After call ltr to OI:	
	Survey at Komoco.	Type Report:	
	21/12/14 - File pass to Typist to close.	Prepare Invoice:	
	RECEIVED 07 MAY 2018	Others:	
		Documentation Check List:	Handler Typist
		OI Apt Ltr:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		LTA / GIA:	☒
		Medical Bill:	☐
		Approval Email:	☐
		Payment Breakdown Form:	☐
		Others:	☐
	\$ 1000.00 - Premier Automotive Services Pte Ltd		

FINAL SETTLEMENT		Date: 15/11/18	Confirm with Gary.
Repair Cost:	1019.71	\$559.86	Final Liability 50
Loss of Rental:	304.95	\$152.48	(3 days) x 101.65
Loss of Use:	120.00	\$60.00	(\$ 60 x 3 days)
Disbursement:	2.00	2.00	
Legal Cost:			
Total:	1446.66	\$724.34	Global Sum: \$5 1000.00

1) Claim status: Normal/Reject/Private Settle
 2) Report Form Report Format: DAR 5180 + 320
 3) Survey fee:

COPY SENT