

Surveyor:

ABRMAN

DOI:

ASSIGNMENT

30/05/18

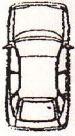
Date / Time :

23/5/18

Registered in Merimen:

23/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

67BE 7975K

Claim No. :

707049794756

Name of Insured :

Drimer Fleet Management

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

18/5/18

Place of Accident :

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

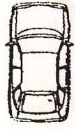
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

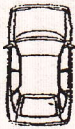
Final ? Yes / No

SFR 80682

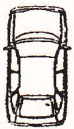


INSRS:
WSP:
Tel :
Liability :
RMKS:

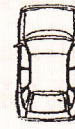
premium



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
23/5/18	SFR 80682-x	Non-Reporting ltr (1st):	
	67BE 7975K - P	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	27/9/18
		After call ltr to OI:	20/10/18
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$4K SS 3,642.40 (3 days) Reduction: 44% Email Call

FINAL SETTLEMENT Date/Time: 22/02/19 Confirm with: MASTORA Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27. If NO or B 28, Ass. Lia :

Repair Cost: (w/ISSD) SS 3,929.47 COID KAHK ENJOOP TP

Loss of Rental (LOR): \$ (days)

Loss of Use (LOU): \$ 360.00 x 3 days

Loss of Income (LOI): \$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$ 7.45

Medical: \$ 97.15

Disbursement: \$ (e.g. Tow/ Independent)

Legal Cost \$

Total: \$ 4,394.07 Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$ 3,936.92 Name 1: PREMIUM AUTOMOBILES PTE LTD

Payee 2: (Strike if N.A.) \$ 157.15 Name 2: LIM KAJUN (LIM KAJUN)

Payee 3: (Strike if N.A.) \$ Name 3: