

INS. CASE OWNER:

CC 3/ CTI 180 14749, Kija 3 9L

LKK:

IDAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

13/8/18

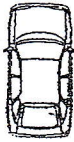
Date / Time:

13/8/18

Registered in Merimen:

14/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJF 7086 G

Claim No. :

SNM8004016/007/6

Name of Insured :

Two You Way

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

13/8/18

Place of Accident :

Tuban Garden msep.

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

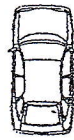
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHB 8058B



INSRS:

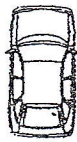
WSP:

Tel :

Liability :

RMKS:

Premier



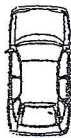
INSRS:

WSP:

Tel :

Liability :

RMKS:



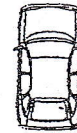
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
20/8	Non-Reporting ltr (1st):	
20/8	Non-Reporting ltr (2nd):	
20/8	Non-Reporting ltr (Final):	
20/8	Notification ltr (if non-pickup):	
20/8	Call OI:	
20/8	After call ltr to OI:	30-8-18 J01
29-8-18	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 13/8 Sent By: [Signature]

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S\$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: 19-11-18 Confirm with: GARY Email Call

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

Repair Cost: GST S\$ 1,166.30 VIDEO OI REVERSED

Loss of Rental (LOR): S\$ 439.75 (4 days) 109.94 & HIT PARKED TP

Loss of Use (LOU): S\$ - (\$ x days)

Loss of Income (LOI): S\$ 160 (\$ 40 x 4 days) B.22

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

GIA/LTA Search S\$ 2.22

Medical: S\$ -

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

Legal Cost S\$ -

Total: S\$ 1,768.08 Global Sum S\$: 1,750

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 1,750 Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.) S\$ X Name 2: X

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

COPY SENT 23/11/18