

INS. CASE OWNER:

Surveyor:

Pre-assign / CCU / FTE

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

SHC 6884 R

DOI:

ASSIGNMENT

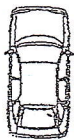
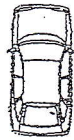
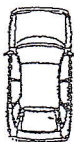
Registered in Merimen:

LKK:

TAC:

77923

26/10/18



INSRS:
WSP: Premier
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st): 29-10-18

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

12.05.19 EMAIL

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: EMAIL

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: P/P S\$ 680.00 (2 days) Reduction: 55 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

15

If NO or B 28, Ass. Lia:

Repair Cost: Cw/Cw

S\$ 727.60

*DID CHANGED LANE H/T TP.

Loss of Rental (LOR):

S\$ 148.95

(1.5 days) x \$99.30

Loss of Use (LOU):

S\$ -

(\$ x days)

Loss of Income (LOI):

S\$ 60.00

(\$ 40 x 1.5 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 938.55

Global Sum S\$:

930.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 930.00

Name 1:

PREMIER AUTOMOTIVE SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: