

INS. CASE OWNER:

PA

cc 4, Asm 180 19781, K1ja3

LKK: 78502  
IDAC: 78502

Surveyor:

AWK

DOI:

ASSIGNMENT

30/10/18

Date / Time:

30/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJF 28195

Claim No. :

58m0114V

Name of Insured :

Lay Su Yong.

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

29.10.18

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

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

SJC 6346C



INSRS:

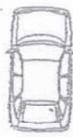
WSP:

Tel:

Liability :

RMKS:

Premier



INSRS:

WSP:

Tel:

Liability :

RMKS:



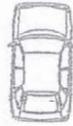
INSRS:

WSP:

Tel:

Liability :

RMKS:



INSRS:

WSP:

Tel:

Liability :

RMKS:

Date/ Time

SJC 6346C - cc 31mg 17005746 (H1rbn2; DOA: 18/10/18)  
SJF 28195 - X

30/10 OMR. Sent out 1st letter.

10/04/2020

PLS SEE VIEWS FOR DETAILS

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

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:

S\$ 1,600.00

( 3

days) Reduction: 40

%

Email

Call

FINAL SETTLEMENT

Date/Time: 10/04/2020

Confirm with Shafawati

Email

Call

Final Liability:

% 100

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

If NO or B 28, Ass. Lia :

Repair Cost: w/GST

S\$ 1,712.00

Loss of Rental (LOR):

S\$ 410.88 ( 4 days) x \$102.72

Loss of Use (LOU):

S\$ (\$ x days)

Loss of Income (LOI):

S\$ (\$ x days)

LOR only  LOU only

LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$

1) Claim status: Normal/TP

Disbursement:

S\$

(e.g. Tow/Independent)

2) Report Format: TP

Legal Cost

S\$

3) Survey fee: \$350.00

Total:

S\$ 2,124.88

Global Sum S\$: 2,100.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 2,100.00

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: