

INS. CASE NO. FR:

Saw Theng

CC 4/ASM 190 11531 /

A pa3

LKK:

IDAC: 124397

Surveyor:

Aelvan

DOI:

ASSIGNMENT

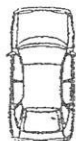
3/2/19

Date / Time:

28/6/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKS 8393 H

Claim No. : S9 M01 S95

Name of Insured : Eddie Chan Poh Hong

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$S

D.O.A : 27/6/2019

Place of Accident :

Is driver the owner? (YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

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

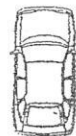
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKN 6688Y



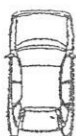
INSRS:

WSP: Premium

Tel :

Liability :

RMKS:



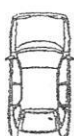
INSRS:

WSP:

Tel :

Liability :

RMKS:



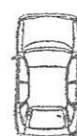
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                     | STAGE                                                                 | DATE / PIC                           |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|
| SKN 6688Y : NA / AIG 14013796 / 21                                             | Non-Reporting ltr (1st):                                              |                                      |
| SKS 8393 H : X                                                                 | Non-Reporting ltr (2nd):                                              |                                      |
|                                                                                | Non-Reporting ltr (Final):                                            |                                      |
|                                                                                | Notification ltr (if non-pickup):                                     |                                      |
| 01/7/19 - OI received & bump TP's parked vehicle                               | Call OI:                                                              | 28/6/19 (Aelvan)                     |
|                                                                                | 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:                                               |                                      |
| PRELIMINARY ADVICE                                                             | Date/Time:                                                            | Sent By:                             |
|                                                                                |                                                                       |                                      |
| FINALIZATION                                                                   | Date/Time:                                                            | Confirm with:                        |
| Repair Cost: PIP                                                               | \$S 2152.40 (3 days)                                                  | Reduction: 64%                       |
| FINAL SETTLEMENT                                                               | Date/Time: 27/6/2019                                                  | Confirm with: Nadia                  |
| Final Liability:                                                               | % 100 (Agreed / Assessed)                                             | BOLA S/N No.: 23                     |
| Repair Cost: w/h                                                               | \$S 2302.64                                                           |                                      |
| Loss of Rental (LOR):                                                          | \$S 450.00 (3 days)                                                   | X \$150.                             |
| Loss of Use (LOU):                                                             | \$S - (\$ x days)                                                     |                                      |
| Loss of Income (LOI):                                                          | \$S - (\$ x days)                                                     |                                      |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one]                      |
| GIA/LTA Search                                                                 | \$S 2.00                                                              |                                      |
| Medical:                                                                       | \$S -                                                                 |                                      |
| Disbursement:                                                                  | \$S -                                                                 | (e.g. Tow / Independent)             |
| Legal Cost                                                                     | \$S -                                                                 |                                      |
| Total:                                                                         | \$S 2754.64                                                           | Global Sum \$S:                      |
| FINAL PAYMENT                                                                  | Date/Time:                                                            | Confirm with:                        |
| Payee 1:                                                                       | \$S 2754.64                                                           | Name 1: Premium Automobiles Pte Ltd. |
| Payee 2: (Strike if N.A.)                                                      | \$S -                                                                 | Name 2:                              |
| Payee 3: (Strike if N.A.)                                                      | \$S -                                                                 | Name 3:                              |