

INS. CASE OWNER: CHAN KIAN MENG

CC 3, AG 190 13476, A ha3

LKK:  
IDAC:

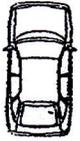
Surveyor: ADRIAN

ASSIGNMENT  
DOI: 01/08/19

Date / Time: 1/8/19

Registered in Merimen: 1/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 2364B

Claim No. : 07123502836G

Name of Insured : Neo chee Giap

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A: 28/7/2019

Place of Accident : \_\_\_\_\_

Is driver the owner? (YES / NO) Nature of Accident : \_\_\_\_\_

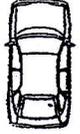
If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: (YES) NO ; TP GIA REPORT: (YES) NO

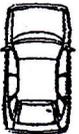
Driver Tel No. : \_\_\_\_\_ (VL: YES / NO)

Insured Liability : % Final ? Yes / No

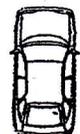
SCG 100Y



INSRS:  
WSP:  
Tel : Premium.  
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):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	<u>06/08/19 - vic</u>
	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 type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" 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: P/P S\$ 2,956.40 ( 3 days) Reduction: 50 % Email  Call

**FINAL SETTLEMENT** Date/Time: 11/11/19 Confirm with: NABIA Email  Call

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

Repair Cost: (w/gst) S\$ 3,163.35 COI KONT-ENDED TP

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

Loss of Use (LOU): S\$ 150.00 (500 x 3 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\$ \_\_\_\_\_

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

Legal Cost S\$ \_\_\_\_\_

1) Claim status: Normal/Reject/Private Settle

2) Report Format: \_\_\_\_\_

3) Survey fee: \$320.00

**Total:** S\$ 3,315.35 Global Sum S\$:

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 3,315.35 Name 1: PREMIUM AUTOMOBILES PTE LTD

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

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