CC3/CTI19016918/K1ea3

15/5/2010

INS. CASE OWNER: CC3/CTI19016918/K1ea3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kalvin. DOI: 4/4/21. Date / Time : 4/4/21.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLT 5425C — Claim No. :

Name of Insured : AIRWEREZ ENGINEERING PTE LTD — Policy No. : DMPLSW2077051800

Insured Tel No. : — HP: — Make / Model : HONDA

Excess Sec II :S$ — D.O.A : 20/4/21. — Place of Accident : APT JUNC OF PRINCEP ST

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

If **NO**, Driver Name / Age : FREDDIE FOO 41 YEARS — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 6889C → — → — → —

INSRS:	INSRS:	INSRS:	INSRS:
WSP: premier.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC6889C - K
	SLT5425C - 4/4/CTI19003467/24 DOA: 20/4/21.

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: AWK

Repair Cost: L/S S$ 1,250.00 (2 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03.11.21 Confirm with SHAFAWATI Email ☐ Call ☐

Final Liability: 100	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST: $1,337.50	S$ 668.75		
Loss of Rental (LOR) $261.62	S$ 130.81	(2.5 days) X $104.65	
Loss of Use (LOU): -	S$ -	($ x days)	
Loss of Income (LOI): -	S$ -	($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	
GIA/LTA Search $2.00	S$ 2.00		
Medical: -	S$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement: -	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost -	S$ -		3) Survey fee: $400
Total: $1,601.12	S$ 801.56	**Global Sum S$:** 800.00	

FINAL PAYMENT Date/Time: 03.11.21 Confirm with: SHAFAWATI Email ☐ Call ☐

Payee 1:	S$ 800.00	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:	