15/5/2010

INS. CASE OWNER: CC 6 /AIG1901 7588 / A KB

LKK:
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 7/10/19. Date / Time : 7/10/19

Registered in Merimen: 7/10/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLT 6407Z	Claim No. :	063886091156
Name of Insured :	NEC SING TRADING.	Policy No. :	1700170029-01
Insured Tel No. :	HP:	Make / Model :	MITSUBISH.
Excess Sec II :S$	D.O.A : 4/10/19	Place of Accident :	PIE

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

If **NO**, Driver Name / Age : TOUN BOON NIM @ WILLIAM SN

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

GBH 9850M → SLT 6407Z → SMM 2589T →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: premium	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability : carz	Liability :
RMKS:	RMKS: 01	RMKS: TP	RMKS:

Date/ Time	
	SMM 2589T - X
	SLT 6407Z - NIA (AIG 1901 7655 / 44 D.O.A: 4/10/19 .

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	7/1/2020
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: VIP S$ 4,603.60 (5 days) Reduction: 61 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 12/7/2020 Confirm with Aun Keng	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0 (3 VEH C.C; 01 2ND)
Repair Cost:	S$ 4,603.60	
Loss of Rental (LOR):	S$ 600 (6 days) X $100	
Loss of Use (LOU):	S$ - ($ - x - days)	
Loss of Income (LOI):	S$ - ($ - x - days)	
LOR only ☑	LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**	
GIA/LTA Search	S$ 7.45	
Medical:	S$ -	1) Claim status: Normal(circled)/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $320
Total:	**S$** 5,211.05 **Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,211.05	Name 1:	PREMIUM CARZ SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	