

INS. CASE OWNER:

CC3/CTI19020952/Fda3

LKK:

IDAC:

ASSIGNMENTSurveyor: RAMDOI: 25.11.2019Date / Time : 25.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 8329J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 25/11/2019 09:40Place of Accident : CHANGI SOUTH ST 1

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

SHB 8437RINSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 8437R - CC3/CTI19004356/K1db3s2; DOA:28.2.19	Non-Reporting ltr (1st):	
	- NA/AIG19001272/h4; DOA: 20.1.19	Non-Reporting ltr (2nd):	
	GBH 8329J - X	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 (days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/04/2020	Confirm with Vincent Chua	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	\$S 995.10		
Loss of Rental (LOR):	\$S 238.08 (2.5 days) x \$95.23		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S 125.00 (\$ 50 x 2.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$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:	\$S 1,360.18	Global Sum \$S: 1,360.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,360.00	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:	