15/5/2010

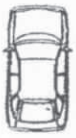
INS. CASE OWNER: JIMMY FOO | CC4/AIG19021159/Fba3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 28/11/2019 Date / Time : 28.11.2019

Registered in Merimen: 30.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 4852J Claim No. : 1558988561SG

Name of Insured : WONG YOKE OI MARY Policy No. : 2100324930

Insured Tel No. : HP: Make / Model : VOLVO S80 T4 1.6 AT ABS D/AB 2WD 4DR TURBO

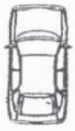
Excess Sec II :S$ D.O.A : 25.10.2019 Place of Accident : HAVELOCK ROAD

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

If **NO**, Driver Name / Age : LEE THIAM HOCK THOMAS OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96146913 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 1112M → → →



INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 1112M - CC4/AXA17012582/H1eg3q2; DOA: 23.6.17 - NS/INC17015289/K1qbe2; DOA: 5.8.17 - CC3/III15007264/K1pm3n2; DOA: 26.4.15 - CC3/III15002449/Ksm3q2; DOA: 26.4.15 SKH 4852J - X
15/03/2021	SETTLED AND CLOSED / FILE IN DRAWER

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:
Repair Cost: L/S	S$ 700.00	(2 days)	Reduction: 88.11 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/03/2021		Confirm with Vincent	Email ✓ Call ☐
Final Liability: 100	% 50	(Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost (W/GST) 749.00	S$ 374.50			
Loss of Rental (LOR) 199.02	S$ 99.51	(2 days)	x $99.51	
Loss of Use (LOU):	S$	($ x days)		
Loss of Income (LOI) 100.00	S$ 50.00	($ x 2 days)	X $50.00	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ✓ [Tick only one]				
GIA/LTA Search 2.00	S$ 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: $320.00
Total: 10,500.20	S$ 526.01	**Global Sum S$:** 520.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 520.00	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:	

File By: Ram | AIG | 21159 / ph

ASSIGNMENT

From: [redacted] Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 1112 M Yr Regn: 15/01 / 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Kia Optima 1.7A c.c 1685

Colour: Sliver A/C: Insured / Std / NI / NA

Sp.Reading: 347994 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: KNAGM414MF5658403

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / (STD A/Rim) or

Tyre Size: F: 205/65 R16

R: –

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ACHILLES

Front			Rear		
R/Bal.	6	mm	R/Bal.	7	mm
L/Bal.	6	mm	L/Bal.	7	mm
D.O.A.	25/10/19		D.O.I.	28/1/19	

Survey held at: Premier

Des. of Damages: (Frt) / Rear / O/S / (N/S) / U/C / Rooftop or — Frt & N/S frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	(HS)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Report Format:

Lump Sum / ...

Survey Fee:	
Transportation:	
__$ + RS __SI	
Photos	
Others	
Total	