

15/5/2010

INS. CASE OWNER:

CC3/CTI19021997/Nga3q2

LKK:

IDAC:

Surveyor:

NAE

DOI:

ASSIGNMENT

12/11/19

Date / Time :

12/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 45418

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 12/11/19

Place of Accident : _____

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

YN 45418

SHD 15495

PL 714263

INSRS:
WSP:
Tel :
Liability :
RMKS: 01INSRS:
WSP:
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
SHD 15495-X	Non-Reporting ltr (1st):	
YN 45418-X	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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Confirm by:
Repair Cost: L/S	\$S 14,200.00 (8 days) Reduction: 11,198.40 % 44	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 23/06/2021	Confirm with SHAFAWATI	Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost: \$S 15,194.00 W/GST		
Loss of Rental (LOR): \$S 1,293.63 (13 days) x \$99.51		
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 2.00		
Medical: \$S		
Disbursement: \$S 40.00 (e.g. Tow / Independent)		
Legal Cost \$S		
Total: \$S 16,529.63 Global Sum \$S:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: \$S 16,529.63 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:		

REC. BY: NAZ

REF: CFI

ASSIGNMENT

From: NAZ

Date: 13/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SHD 1859S

at Workshop m/s

Premier Automotive

of

23 cheng south Ave 2 # 01-02

Insured:

Policy No.

Claims No.

Sum Insured:

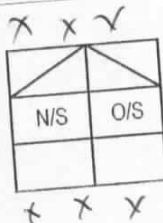
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SHD 1859S

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Yr Regn:

16 DEC 2014

Truck / Trailer or

Make:

KIA OPTIMA

Colour:

SILVER

Sp. Reading:

475,503

Eng/No:

C/No:

KNAGMA 4MF556.1706

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

R:

205/65 R16

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

HANKOOK

Front

R/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

12/12/19

Rear

R/Bal.

5

mm

L/Bal.

5

mm

D.O.I.

13/12/19

Survey held at

PREMIER CHANKI

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Prel. Report

1)

Date/Time, File Return to?

2)



Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others