INS. CASE OWNER: MingYao.Lee | CC3/AIG20003585/~~Aba3~~ Aba3

LKK:
IDAC:

ASSIGNMENT

Surveyor: ADRIAN **DOI:** 12/03/2020 **Date / Time:** 04.03.2020
Registered in Merimen: 04.03.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJQ 8138B	Claim No. : 1986419358SG
Name of Insured : QUEK CHIN MOON	Policy No. : 1900003962
Insured Tel No. : HP: +65-91083328	Make / Model : MITSUBISHI ECLIPSE CROSS-1.5 (A)
	D.O.A : 04/03/2020 07:10 Place of Accident : PIE TOWARDS CHANGI OUTSIDE OLD ~~POLICE ACADEMY~~
Excess Sec II :S$	
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

SLZ 1071J → →

INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLZ 1071J - X	
	SJQ 8138B - CS/CAI12010166/Rqm: 17.05.12	

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:		

08/01/2021 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 5,668.80 (3 days) Reduction: 34.23 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 6,065.62	
Loss of Rental (LOR):	S$ (days)	OI reversed and hit TP.
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$	
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: $320.00
Total:	S$ 6,245.62 Global Sum S$:	

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

Payee 1:	S$ 6,245.62	Name 1: PREMIUM AUTOMOBILES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: