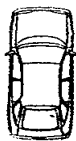


ASSIGNMENTSurveyor: **STEVE**DOI: **09/03/2020**Date / Time : **09/03/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLV 4283R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **27/02/2020**Place of Accident : **MULTI STOREY CARPARK AT 282 TOH GUAN RD S(600282)**

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

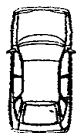
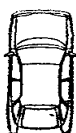
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SLA 8988A**INSRS:
WSP: **PREMIUM**
Tel : **AUTOMOBILES**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLA 8988A - CS/TP16010101/Uvbn2 16/05/2016	STAGE
		DATE / PIC
		Non-Reporting ltr (1st):
	SLV 4283R - NBA/MSG18022472/Y 12/12/2018	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: _____		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P S\$ 13,524.80 (6 days) Reduction: 7359.20 % 35		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 04/12/2020 Confirm with NADIA		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 14,471.54 (W/GST)		
Loss of Rental (LOR): S\$ 1050.00 (7 days) x \$150		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x 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: \$320.00
Total: S\$ 15,523.54 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 15,523.54 Name 1: PREMIUM AUTOMOBILES PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		