15/5/2010

INS. CASE OWNER: Norsiah

CC3/AIG20005664/R1ba3

LKK:

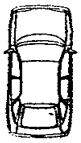
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 12/05/2020 Date / Time : 11/05/2020

Registered in Merimen: 11/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 7318U Claim No. : 6235063541SG

Name of Insured : DAVID YEOH CHIA KIAT Policy No. : 2100476809

Insured Tel No. : HP: 96658930 Make / Model : NISSAN X-TRAIL-2.0 (A)

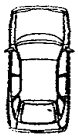
Excess Sec II :S$ D.O.A : 10/05/2020 13:40 Place of Accident : MARINA BOULEVARD AND SHEARS AVE JUNCTION

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

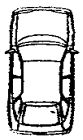
If **NO**, Driver Name / Age : MAGDALENE WONG MEI LING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 93663694 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

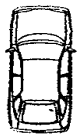
SMR 1201G → → →



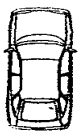
INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMR 1201G - X SLE 7318U - X	
12/11/2020	SETTLED AND CLOSED / NO PHY FILE	

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: P/P S$ 22,657.28 (15 days) Reduction: 41.85 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 11/11/2020 Confirm with NADIA Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 24,243.29	
Loss of Rental (LOR):	S$ (days)	OI drive straight on a LEFT TURN only lane.
Loss of Use (LOU):	S$ 1,080.00 ($ 60 x 18 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: $320.00
Total:	**S$** 25,325.29 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 25,325.29	Name 1:	PREMIUM AUTOMOBILES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	