15/5/2010

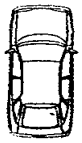
INS. CASE OWNER: NORSIAH | CC3/AIG20006787/Aka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 29/06/2020 Date / Time : 29.06.2020

Registered in Merimen: 29.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 2761R Claim No. : 9381240677SG

Name of Insured : AHMAD POART BIN ALI IN THE ESTATE OF .... Policy No. : 20700087677

Insured Tel No. : HP: Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)

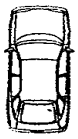
Excess Sec II :S$ D.O.A : 29/06/2020 08:25 Place of Accident : PIE TOWARDS CITY

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

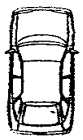
If **NO**, Driver Name / Age : M FAUZAN BIN M FAIZ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

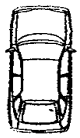
SMN 905L → → →



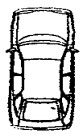
INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMN 905L - X SLC 2761R - X	**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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 6,338.00 (5 days)	Reduction: 6,474/51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/12/2020	Confirm with NADIA	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 6,781.66		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 360.00 ($ 60 x 6 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: $320
Total:	**S$** 7,143.66	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,143.66	Name 1:	Premium Automobiles Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	