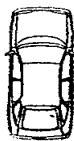


ASSIGNMENTSurveyor: **ADRIAN**DOI: **13/07/2020**Date / Time : **13/07/2020**Registered in Merimen: **14/07/2020****Pre-assign / CCU / FTE*****PB1***Insured Vehicle No. : **SKP 2937U**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

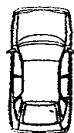
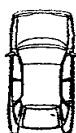
Excess Sec II :S\$ _____ **D.O.A :** **13.07.2020 08:30** **Place of Accident :** **JUNTION OF EUNOS LINK & UBI AVE 3**

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****SKC 5820X**INSRS:
WSP: Premium Carz
Tel : Services Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKC 5820X - X	SKP 2937U - 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:	☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP	
Repair Cost:	L/S S\$ 1,500.00	(3 days) Reduction:	55 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11.09.20	Confirm with AUN TENG	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,500.00	OI REAR ENDED TP		
Loss of Rental (LOR):	S\$ 400.00	(4 days) X \$100		
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\$ 7.45			
Medical:	S\$ -	1) Claim status: Normal/ Reject Private Secde		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320		
Total:	S\$ 1,907.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 11.09.20	Confirm with: AUN TENG	Email ☐ Call ☐	
Payee 1:	S\$ 1,907.45	Name 1:	PREMIUM CARZ SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		