

INS. CASE OWNER:

CC3 / CTI 2000 7791 / T1ks3

ASSIGNMENT

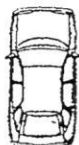
Surveyor: Taufikh

DOI: 29/07/2020

Date / Time : 29/07/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SDK 8363U

Claim No. : _____

Name of Insured : CHEONG CHONG THYE PATRICK

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :SS D.O.A:28/07/2020

Place of Accident : _____

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

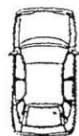
If NO, Driver Name / Age :

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

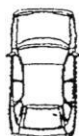
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No

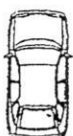
SHD 1076J



INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 1076J : CC3/CTI18008649/K1jb3s2 ; DOA : 09/05/2018 SDK 8363U : 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\$ 200.00 (1 days)	Reduction: 681.00 % 77	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/01/2021	Confirm with VINCENT	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 214.00	W/GST		
Loss of Rental (LOR):	S\$ 50.29 (1 days)	x \$50.29		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 40.00 (\$ 40 x 1 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: \$400.00	
Total:	S\$ 306.29	Global Sum S\$: 300.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 300.00	Name 1:	PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		