

INS. CASE OWNER:

CC 4 /AIG 2000 8741 / T1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Taufikh

DOI:

20/08/2020

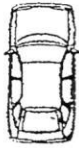
Date / Time :

20/08/2020

Registered in Merimen:

20/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKU 4462H

Claim No. :

Name of Insured : NG AH CHUAN, ALVERON

Policy No. :

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II : S\$ D.O.A : 20/08/2020

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. :

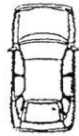
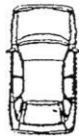
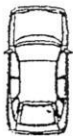
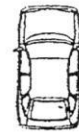
(V/L: ☒ YES / NO)

Insured Liability :

%

Final ? Yes / No

SHC 6073P

INSRS:
WSP: Premier
Tel: Changi
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SHC 6073P : SKU 4462H : NA/AIG20008801/z4 ; DOA : 20/08/2020	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: _____	Confirm with: _____	Confirm by: MTH
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: MTH
Repair Cost:	L/S S\$ 5,400.00 (6 days) Reduction: 59 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 08.03.21 Confirm with SHAWAWATI	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 5,778.00	OID REVERSED INTO THE MAIN ROAD HIT TP	
Loss of Rental (LOR):	S\$ 294.25 (5 days) X \$58.85		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ 200.00 (\$ 40 x 5 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 Settlement	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 6,274.25 Global Sum S\$ 6,270.00		
FINAL PAYMENT	Date/Time: 08.03.21 Confirm with: SHAWAWATI	Email ☐ Call ☐	
Payee 1:	S\$ 6,270.00 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:		