

INS. CASE OWNER:

CC 3 / AIG 2000 8798 / Ads3

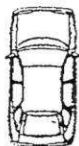
LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 21/08/2020Date / Time : 21/08/2020Registered in Merimen: 21/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SCH 5902L

Claim No. : _____

Name of Insured : TAN THIAM HUAT

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 20/08/2020

Place of Accident : _____

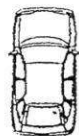
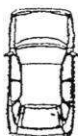
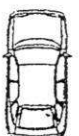
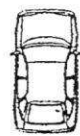
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SMF 5737P

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

Date/ Time	SMF 5737P : X ; SCH 5902L : 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 / GLA :	☐ ☐
		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: <u>LWP</u>			
Repair Cost: <u>P/P</u> S\$ <u>3,644.16</u> (<u>4</u> days) Reduction: <u>73</u> % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: <u>16.09.21</u> Confirm with <u>NADIA</u> Email ☐ Call ☐			
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> If NO or B 28, Ass. Lia :			
Repair Cost: <u>w/GST</u> S\$ <u>3,899.25</u> <u>OI REAR ENDED TP</u>			
Loss of Rental (LOR): S\$ <u>400.00</u> (<u>4</u> days) <u>X \$100</u>			
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\$ <u>2.00</u>			
Medical: S\$ <u>50.70</u>			
Disbursement: S\$ - (e.g. Tow/ Independent)			
Legal Cost S\$ -			
Total: S\$ <u>4,351.95</u> Global Sum S\$: _____			
FINAL PAYMENT Date/Time: <u>16.09.21</u> Confirm with: <u>NADIA</u> Email ☐ Call ☐			
Payee 1: S\$ <u>4,351.95</u> Name 1: <u>PREMIUM AUTOMOBILES PTE LTD</u>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			