15/5/2010

INS. CASE OWNER: CC3/CTI20010339/T1ds3

LKK:

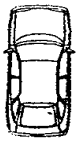
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 28/09/2020 Date / Time : 28/09/2020

Registered in Merimen: 28/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 8597B

Name of Insured : COMBO KITCHEN AND DESIGN PTE LTD (NON-DRIVER)

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/09/2020

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

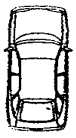
Place of Accident :

Nature of Accident :

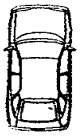
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

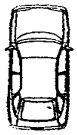
SHD 1547S → → →



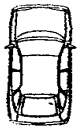
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 1547S : NS/INC17019768/K1vbe2 ; DOA : 02/10/2017
	GBH 8597B : 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:
Repair Cost:	S$ 1,800.00 (3 days)	Reduction: 74 %	Email Call
FINAL SETTLEMENT	Date/Time: 18/11/2020	Confirm with Shafawati	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 1,926.00		
Loss of Rental (LOR):	S$ 202.23 (3 days)	X $67.41	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)		
LOR only LOU only LOR + LOU LOR + LO✓	[**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: $400
Total:	**S$** 2,280.23	**Global Sum S$:** 2,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal
Payee 1:	S$ 2,200.00	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:	