

INS. CASE OWNER:

CC4/CTI20011025/Eda3

IDAC:

ASSIGNMENT

Surveyor:

STEVE

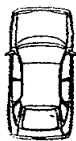
DOI:

12/10/2020

Date / Time :

12/10/2020

Registered in Merimen:

---**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMF 5992T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **08/10/2020 21:25**Place of Accident : **SLIP RD OF BRADELL RD INTO CTE/CITY**

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

If NO, Driver Name / Age :

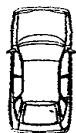
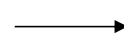
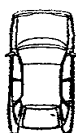
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**GBB 7124X****SMF 5992T****SHC 6231A**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **PREMIER**
Tel : **AUTO**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 6231A - CS/FCI18011945/Ntd3q2 - 27/06/2018	Non-Reporting ltr (1st):	
	CS/III15000638/H1vj3u2 - 08/01/2015	Non-Reporting ltr (2nd):	
	SMF 5992T - X	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: S\$ 1,500.00 (2 days) Reduction: 68 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 30/10/2020 Confirm with Shafawati		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%	
Repair Cost: (w/GST) S\$ 1,605.00		3 veh C.C, OI was 2nd	
Loss of Rental (LOR): S\$ 235.94 (3.5 days) X \$67.41			
Loss of Use (LOU): S\$ - (\$ - x - days)			
Loss of Income (LOI): S\$ 175.00 (\$ 50 x 3.5 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 Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$320	
Total: S\$ 2,017.94	Global Sum S\$: 2,000.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 2,000.00	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:		