

ASSIGNMENT

Surveyor:

STEVE

DOI:

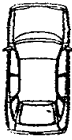
27/10/2020

Date / Time :

27/10/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 6191U

Claim No. : _____

Name of Insured : LIM TEE BOCK

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 25/10/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

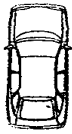
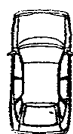
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHD 1163R

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

Date/ Time	SHD 1163R : CC4/AXA17019124/K1ea3q2 ; DOA : 02/10/2017		STAGE	DATE / PIC
	SLA 6191U : X		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: L/S	S\$ 2,800.00	(2 days) Reduction: \$3,574.27 % 56	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 01/04/2021 Confirm with SHAWAWATI			Email ☒	Call ☐
Final Liability:	% 80	(Agreed / Assessed) BOLA S/N No. : 24B	If NO or B 28, Ass. Lia :	
Repair Cost: 2,996.00	S\$ 2,396.80	W/GST		
Loss of Rental (LOR) 202.23	S\$ 161.78	(3 days) x \$67.41		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI): 120.00	S\$ 96.00	(\$ 40 x 3 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒			[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\$ 2,656.58	Global Sum S\$: 2,650.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒	Call ☐
Payee 1:	S\$ 2,650.00	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:		