15/5/2010

INS. CASE OWNER:

CC3/CTI20014554/T1ea3

LKK:

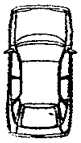
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 22/12/2020 Date / Time : 22/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 9375C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

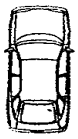
Excess Sec II :S$ D.O.A : 22/12/2020 Place of Accident :

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

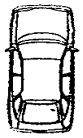
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

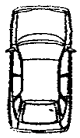
SHD 1156L → → →



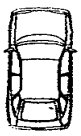
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 1156L - CC3/LCR17011830/H1pg3q2 ;15/06/2017	**STAGE**	**DATE / PIC**
	CC4/AIG11017761/Kja3q2 ; 29/08/2011	Non-Reporting ltr (1st):	
	CS/FCI14015499/H1qm3k3 ; 11/08/2014	Non-Reporting ltr (2nd):	
	SLQ 9375C - CS3/EGI17016712/Wbs2 ; 24.08.2017	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: MTH
Repair Cost: L/S	S$ 1,300.00 (2 days) Reduction: 64 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01.02.21	Confirm with VINCENT	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,391.00		OID CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ 282.48 (4 days) X $70.62		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 160.00 ($ 40 x 4 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.45		
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: $400
Total:	**S$** 1,680.93	**Global Sum S$:** 1,680.00	

FINAL PAYMENT	Date/Time: 01.02.21	Confirm with: VINCENT	Email ☐ Call ☐
Payee 1:	S$ 1,680.00	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:	