

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 12/01/2021Registered in Merimen: 12/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLR 8563C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 08/01/2021 16:32Place of Accident : ALONG PIE TOWARDS TUAS before Clementi RD exit

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**SKC 2331KINSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKC 2331K- X</u>	Non-Reporting ltr (1st):	
	<u>SLR 8563C - CS/AIG21000411/d3 ; 08/01/2021</u>	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	☐ ☐
<u>17/05/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: <u>P/P</u>	S\$ <u>11,693.12</u> (<u>5</u> days) Reduction: <u>41.52</u> % Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: <u>12/05/2021</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>12,511.64</u>
Loss of Rental (LOR):	S\$ _____ (_____ days)
Loss of Use (LOU):	S\$ <u>500.00</u> (\$ <u>100</u> x <u>5</u> 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\$ _____
Disbursement:	S\$ _____ (e.g. Tow/ Independent)
Legal Cost	S\$ _____
Total:	S\$ <u>13,013.64</u> Global Sum S\$: _____
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐
Payee 1:	S\$ <u>13,013.64</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: _____

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$320.00