15/5/2010

INS. CASE OWNER: CC3/CTI21001230/T1es3

LKK:

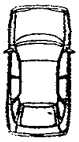
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 26/01/2021 Date / Time : 26/01/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 8826H Claim No. :

Name of Insured : Billon Bertrand Policy No. :

Insured Tel No. : HP: Make / Model :

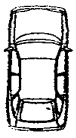
Excess Sec II :S$ D.O.A : 23/01/2021 Place of Accident :

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

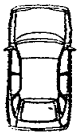
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

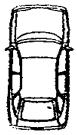
SMH 8243S → → →



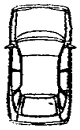
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMH 8243S : X
	SLF 8826H : CS/CTI18016344/Nvd3q2 ; DOA : 03/09/2018
	- Please check / verify OID DL

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: MTH
Repair Cost: L/S	S$ 1,750.00	(3 days) Reduction: 45 %	Email Call
FINAL SETTLEMENT	Date/Time: 26.04.21	Confirm with WEE DEK	Email Cal
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,872.50	OID REVERSED HIT	TP PARKED VEHICLE
Loss of Rental (LOR):	S$ 321.00	(3 days) X $100	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ -	($ x 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: $400
Total:	**S$** 2,195.50	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 26.04.21	Confirm with: WEE DEK	Email Cal
Payee 1:	S$ 2,195.50	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:	