

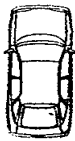
INS. CASE OWNER:

CC3/III18007427/Nes3q2-1

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SH 6314M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ **D.O.A : 19/04/2018**

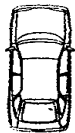
Place of Accident : _____

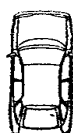
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SHC 6794S**
 INSRs:
 WSP: **PREMIER**
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: NAZ
Repair Cost: L/S	S\$ 1,250.00	(3 days) Reduction: 57 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.04.21	Confirm with WEE DEK	Email ☐ Call ☐
Final Liability: 100	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Costw/GST : \$1,337.50	S\$ 668.75		
Loss of Rental (LOR): \$494.73	S\$ 247.37	(4.5 days) X \$109.94	
Loss of Use (LOU): -	S\$ -	(\$ x days)	
Loss of Income (LOI): \$180.00	S\$ 90.00	(\$ 40 x 4.5 days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☒ [Tick only one]
GIA/LTA Search -	S\$ -		
Medical: -	S\$ -		1) Claim status: Normal/Reject/Private Settlement
Disbursement: -	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost -	S\$ -		3) Survey fee: \$350 - \$250 = \$100
Total:	\$2,012.23	S\$ 1,006.12	Global Sum S\$: \$1,000.00
FINAL PAYMENT	Date/Time: 06.04.21	Confirm with: WEE DEK	Email ☐ Call ☐
Payee 1:	S\$ 1,000.00	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:	