15/5/2010

INS. CASE OWNER: CC3/CTI21001881/T1ea3

LKK:

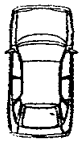
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 08/02/2021 Date / Time : 08/02/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 467K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

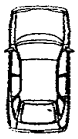
Excess Sec II :S$ D.O.A : 05/02/2021 12:25 Place of Accident :

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

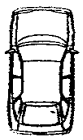
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

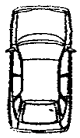
SHD 1662S →



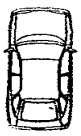
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 1662S - CC3/AIG15015000/H1ja3n2 ; 28/08/2015	Non-Reporting ltr (1st):	
	CC3/III15015311/Rha3n2 ; 28/08/2015	Non-Reporting ltr (2nd):	
	CC3/QBE17023043/K1ea3q2 ; 04/12/2017	Non-Reporting ltr (Final):	
	CC4/AIG12005446/H1sa3q2 ; 13/03/2012	Notification ltr (if non-pickup):	
	GBJ 467K - X	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$ 5,550.00 (7 days)	Reduction: 65 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21.05.21	Confirm with SHAFAWATI	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 31	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,938.50	OID MAKE A LEFT TURN INTO THE MAIN ROAD	
Loss of Rental (LOR):	S$ 688.92 (12 days)	X $57.41	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[**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: $400
Total:	**S$** 6,629.42	**Global Sum S$:** 6,620.00	

FINAL PAYMENT	Date/Time: 21.05.21	Confirm with: SHAFAWATI	Email ☐ Call ☐
Payee 1:	S$ 6,620.00	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:	