

ASSIGNMENT CC4/AIG21002466/Npa3Surveyor: **NAZ**DOI: **23/02/2021**Date / Time : **22/02/2021**Registered in Merimen: **22/02/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJQ 5859Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **22/02/2021 08:40**

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****SHB 8938L**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
	SHB 8938L - CC4/AIG12017801/H1st2q2 ; 06/09/2012	Non-Reporting ltr (1st):	
	CC4/AIG20010113/T1ra3q2 ; 16/12/2020	Non-Reporting ltr (2nd):	
	SJQ 5859Z - CC3/AIG15002600/H1he3q2 ; 09.02.2015	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
13/11/2021	Pls refer to VIEWS for details.	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:	
Repair Cost: L/sum	S\$ 2,500.00 (6 days) Reduction: 75 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 13/11/2021 Confirm with Shafawati	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,675.00		
Loss of Rental (LOR):	S\$ 502.08 (8 days) x S\$62.76		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 400.00 (\$ 50 x 8 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒	[Tick only one]		
GIA/LTA Search	S\$ 2.00		
Medical:	S\$	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:	TP
Legal Cost	S\$	3) Survey fee:	\$320.00
Total:	S\$ 3,579.08 Global Sum S\$: 3,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,500.00 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:		