

ASSIGNMENTSurveyor: XGQDOI: 19/03/2021Date / Time : 18/03/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SKC 3086L

Claim No. : _____

Name of Insured : TAN NGERNG YU

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 18/03/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SHD 1076J**INSRS:
WSP: PREMIER
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 1076J : CC3/CTI20007791/T1gs3q2 ; DOA : 28/07/2020	STAGE
	SKC 3086L : X	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: <u>XGQ</u>
Repair Cost: <u>L/S</u> S\$ <u>1,600.00</u> (<u>5</u> days) Reduction: <u>75</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>27.04.21</u>	Confirm with: <u>WEE DEK</u>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>		Email ☐ Call ☐
Repair Cost: <u>w/GST</u> S\$ <u>1,712.00</u>		OI CHANGED LANE HIT TP
Loss of Rental (LOR): S\$ <u>376.56</u> (<u>6</u> days) X \$62.76		
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\$ <u>2.00</u>		
Medical: S\$ -		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ -		3) Survey fee: <u>\$400</u>
Total: S\$ <u>2,090.56</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time: <u>27.04.21</u>	Confirm with: <u>WEE DEK</u>
Payee 1: S\$ <u>2,090.56</u>	Name 1: <u>PREMIER AUTOMOTIVE SERVICES PTE LTD</u>	Email ☐ Call ☐
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	