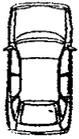


ASSIGNMENTSurveyor: ADRIANDOI: 21/04/2021Date / Time : 20/04/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBF 7721B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S\$ D.O.A : 17/04/2021 17:10

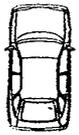
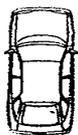
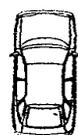
Place of Accident : _____

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**SJG 6848BINSRS:
WSP: Premium Carz Services Pte Ltd
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>SJG 6848B - CS/AIG10019333/Gqn ; 27/07/2010</u>	Non-Reporting ltr (1st):	
	<u>CS/III10023194/Kvs2 ; 27/07/2010</u>	Non-Reporting ltr (2nd):	
	<u>NA/MSI10014841/r ; 27/07/2010</u>	Non-Reporting ltr (Final):	
	<u>GBF 7721B - NA/LIP17013092/r3 ; 06.07.2017</u>	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 5240.00 (3 days) Reduction: 2429.10 % 32	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	14/02/2022S Confirm with AUNTENG	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 5,240.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 100 x 3 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ 7.45		
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$400.00	
Total:	S\$ 5,547.45	Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 5,547.45	Name 1:	PREMIUM CARZ SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	