

ASSIGNMENTSurveyor: XGQDOI: 17/05/2021Date / Time : 17/05/2021Registered in Merimen: 17/05/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SMX 7687S

Claim No. : _____

Name of Insured : LAI YUN KONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/05/2021 19:15Place of Accident : GEYLANG RIGHT TURN TO PAYA LEBAR JUNCTION

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 6495EINSRS:
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
	<u>SHC 6495E - CC3/III18004514/K1ea3XX ; 04/03/2018</u>	Non-Reporting ltr (1st):	
	<u>CC4/III16010636/R1wg3q2 ; 07/06/2016</u>	Non-Reporting ltr (2nd):	
	<u>CS/EC19006815/T1sd3n2 ; 13/04/2019</u>	Non-Reporting ltr (Final):	
	<u>NA/INC13017960/e1 ; 25/09/2013</u>	Notification ltr (if non-pickup):	
	<u>NA1/LPC08015909/e1 ; 26/05/2008</u>	Call OI:	
	<u>NS/INC16023338/H1qbm2 ; 03/12/2016</u>	After call ltr to OI:	
	<u>SMX 7687S - X</u>	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>1,050.00</u> (<u>2</u> days) Reduction: <u>77</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>22/09/2021</u> Confirm with <u>Shafawati</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,123.50</u>		
Loss of Rental (LOR):	S\$ <u>271.04</u> (<u>4</u> days) x S\$67.76		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>200.00</u> (\$ <u>50</u> x <u>4</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$ _____	1) Claim status: Normal/ <u>Reject/Private Settle</u>	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>1,596.54</u> Global Sum S\$: 1,590.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>1,590.00</u> Name 1: <u>Premier Automotive Services Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		