

ASSIGNMENTSurveyor: **ADRIAN**DOI: **28/05/2021**Date / Time : **28/05/2021**Registered in Merimen: **28/05/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMR 2479R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **27/05/2021 11:45**Place of Accident : **LEISURE PARK KALLANG BASEMENT CARPARK**

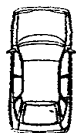
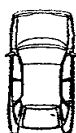
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SLQ 202C**INSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	V	
	SLQ 202C - X	SMR 2479R - X
		STAGE
		DATE / PIC
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	TPV: AUDI Q3 - 1395cc	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:	Confirm by:
Repair Cost: P/P S\$ \$3,079.20 (3 days) Reduction: \$12,646.80 % 80		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 14/12/2021 Confirm with NADIA		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 3,294.74 W/GST		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 180.00 (\$ 60 x 3 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: \$320.00
Total: S\$ 3,476.74	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 3,476.74	Name 1: PREMIUM AUTOMOBILES PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	