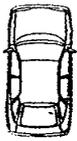


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: NAZ DOI: 10/06/2021 Date / Time : 09/06/2021  
Registered in Merimen: 09/06/2021

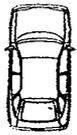
**Pre-assign / CCU / FTE**



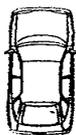
Insured Vehicle No. : GBE 3696Y Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 09/06/2021 10:20 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / 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**

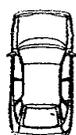
**SHD 1405T**



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  |
|--|---|---|---|
|  | <b>SHD 1405T - NBA/FCI19016079/Y ; 10/09/2019</b> | Non-Reporting ltr (1st):  |   |
|  | <b>NJA/INC09004255/k1 ; 02/02/2009</b>            | Non-Reporting ltr (2nd):  |   |
|  | <b>GBE 3696Y - X</b>                              | Non-Reporting ltr (Final):  |   |
|  |   | Notification ltr (if non-pickup):                                       |   |
|  |   | Call OI:  |   |
|  |   | After call ltr to OI:   |   |
|  |   | <b>Documentation Check List: Handler Typist</b>                         |   |
|  |   | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | After call ltr to OI:   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Authorisation To Act:   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Release Voucher:  | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Final Repair Bill:  | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Car Rental Invoice:   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Towing Invoice  | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | LTA / GIA :   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Medical Bill:   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | PIR:  | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Mandate/Reject Instruction:   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | LOD   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Payment Breakdown Form:   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time:   | Sent By:  | Post-Repair Photos:   | <input type="checkbox"/> <input type="checkbox"/> |
|  |   | Others:   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time:   | Confirm with:                                     | Confirm by:   |   |
| Repair Cost: <b>L/sum</b> S\$ <b>1,200.00</b> ( <b>3</b> days) Reduction: <b>72</b> %  |   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |   |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>27/07/2021</b> Confirm with <b>Shafawati</b>   |   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |   |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>   |   | If NO or B 28, Ass. Lia :   |   |
| Repair Cost: <b>w/GST</b> S\$ <b>1,284.00</b>  |   |   |   |
| Loss of Rental (LOR): S\$ <b>168.35</b> ( <b>4.5</b> days) x \$37.41   |   |   |   |
| Loss of Use (LOU): S\$ (\$ x days)   |   |   |   |
| Loss of Income (LOI): S\$ (\$ x days)  |   |   |   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |   |   |   |
| GIA/LTA Search S\$ <b>2.00</b>   |   |   |   |
| Medical: S\$   |   | 1) Claim status: Normal/Reject/Private Settle                           |   |
| Disbursement: S\$ (e.g. Tow/ Independent )   |   | 2) Report Format: <b>TP</b>   |   |
| Legal Cost S\$   |   | 3) Survey fee: <b>\$320.00</b>  |   |
| <b>Total:</b> S\$ <b>1,454.35</b> Global Sum S\$: <b>1,450.00</b>  |   |   |   |
| <b>FINAL PAYMENT</b> Date/Time:  | Confirm with:                                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |   |
| Payee 1: S\$ <b>1,450.00</b> Name 1: <b>Premier Automotive Services Pte Ltd</b>  |   |   |   |
| Payee 2: (Strike if N.A.) S\$ Name 2:  |   |   |   |
| Payee 3: (Strike if N.A.) S\$ Name 3:  |   |   |   |