15/5/2010

INS. CASE OWNER: CC3/AIG21006923/Ags3

LKK:

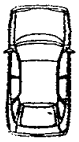
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 29/06/2021 Date / Time : 22/06/2021

Registered in Merimen: 22/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 574U Claim No. :

Name of Insured : OLSEN CRAIG MICHAEL Policy No. :

Insured Tel No. : HP: Make / Model :

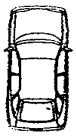
Excess Sec II :S$ D.O.A :18/06/2021 Place of Accident : Junction of Bayfront ave and marina blvd

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

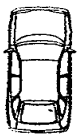
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

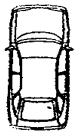
SCX 73C → → →



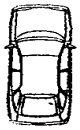
INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SCX 73C : X ; SLN 574U : X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	CLAIMANT: LOH HAK GUAN MARK	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
	TPV: AUDI TT COUPE - 1984cc	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: P/P	S$ $27,138.04 (15 days)	Reduction: $9,261.96 % 25	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/01/2022	Confirm with NADIA	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 29,037.70	W/GST	
Loss of Rental (LOR):	S$ (days)		OI GG STRAIGHT IN A LEFT TURN ONLY LANE, TP TURNING LEFT AT A LEFT TURN/STRAIGHT LANE)
Loss of Use (LOU):	S$ 1,700.00 ($ 100 x 17 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LO ☐ [**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: $320.00
Total:	**S$** 30,739.70	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐

Payee 1:	S$ 30,739.70	Name 1:	PREMIUM AUTOMOBILES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	