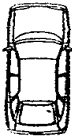


ASSIGNMENTSurveyor: TaufikhDOI: 12/07/2021Date / Time : 12/07/2021Registered in Merimen: 12/07/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMU 630S

Claim No. : _____

Name of Insured : RODRIGUES JACQUELINE MARY

Policy No. : _____

Insured Tel No. : _____ HP: _____

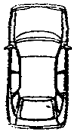
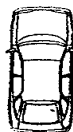
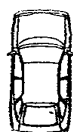
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11/07/2021

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 / NODriver Tel No. : _____ (V/L ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SHD 1623E**INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 1623E : X ; SMU 630S : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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: L/S	S\$ \$3,800.00	(4 days) Reduction: \$2,766.56	% 42	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/11/2021	Confirm with SHAFAWATI	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,066.00	W/GST		
Loss of Rental (LOR):	S\$ 256.80	(4 days) x \$64.20		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 200.00	(\$ 50 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒	[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\$ 4,524.80	Global Sum S\$:	4,500.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 4,500.00	Name 1:	PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		