

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 15/07/2021

Date / Time : 12/07/2021

Registered in Merimen: 12/07/2021

Pre-assign / CCU / FTEInsured Vehicle No. : **SMS 5435S**Claim No. : **8124342851SG**

Name of Insured :

Policy No. : **2070030147**

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$D.O.A : **11/07/2021 07:15**Place of Accident : **8 Ang Mo Kio Ave 2, Singapore**

Is driver the owner?

(YES / NO)

Nature of Accident :

THE PANORAMA (B1 CARPARK)If **NO**, Driver Name / Age :

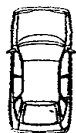
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SGC 8588U**

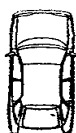
INSRS:

WSP: **PREMIUM**

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SGC 8588U - CC3/AIG17009618/Avbn2 ; 11/05/2017	Non-Reporting ltr (1st):	
	CC6/AIG14020208/Kzy3u2 ; 26/10/2014	Non-Reporting ltr (2nd):	
	CC6/AIG17009424/Aka3q2 ; 11/05/2017	Non-Reporting ltr (Final):	
	SMS 5435S - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	CLAIMANT - CHAM SAY HONG	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
	TPV: AUDI A4 - 1395cc	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\$ 11,242.80 (4 days) Reduction: 6371.20 % 36		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/06/2022 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\$ 12,029.80 W/GST		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 200.00 (\$ 50 x 4 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\$ 12,231.80	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 12,231.80	Name 1:	PREMIUM AUTOMOBILES PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	