

15/5/2010

INS. CASE OWNER:

CC3/AIG21008133/Aes3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT
06/08/2021

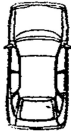
Date / Time :

02/08/2021

Registered in Merimen:

02/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJX 2824G

Claim No. : _____

Name of Insured : PETER TAY KAY PHUAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/08/2021

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 / NO

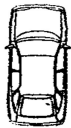
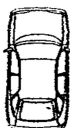
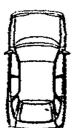
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

SDT 383S

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
SDT 383S : CC3/AIG13004960/Ay1n ; DOA : 10/03/2013	Non-Reporting ltr (1st):		
SJX 2824G : CS/MSG10011844/Rfn ; DOA : 16/06/2010	Non-Reporting ltr (2nd):		
	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	Documentation Check List:		
	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: LWP
Repair Cost: P/P S\$ 2,490.40 (3 days' Reduction: 79 %	Email ☐		Call ☐
FINAL SETTLEMENT Date/Time: 11.02.22	Confirm with NADIA		Email ☐ Cal ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST S\$ 2,664.73	OID REVERSED AND HIT TP STATIONARY VEH		
Loss of Rental (LOR): S\$ 300.00 (3 days) x \$100			
Loss of Use (LOU): S\$ - (\$ x days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]			
GIA/LTA Search S\$ 2.00			
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle		
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost S\$ -	3) Survey fee: \$320		
Total: S\$ 2,966.73	Global Sum S\$:		
FINAL PAYMENT Date/Time: 11.02.22	Confirm with: NADIA		Email ☐ Cal ☐
Payee 1: S\$ 2,966.73	Name 1: PREMIUM AUTOMOBILES PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		