

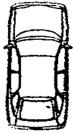
15/5/2010

INS. CASE OWNER:

CC3/AIG21008218/Aes3

LKK:

IDAC:

ASSIGNMENTSurveyor: AdrianDOI: 11/08/2021Date / Time : 04/08/2021Registered in Merimen: 04/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLC 4686L

Claim No. : _____

Name of Insured : KIM SANG HO

Policy No. : _____

Insured Tel No. : _____ HP: _____

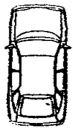
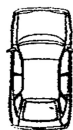
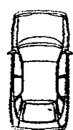
Make / Model : _____

Excess Sec II : \$ D.O.A : 03/08/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SMV 3233EINSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMV 3233E : X ; SLC 4686L : 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 Typist
		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 10,651.84 (4 days' Reduction: 36 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 06.12.21 Confirm with NADIA	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia : _____	
Repair Cost: w/GST	\$S 11,397.47	OI REVERSED OUT OF PARKING LOT HIT TP	
Loss of Rental (LOR):	\$S - (_____ days)		
Loss of Use (LOU):	\$S 240.00 (\$ 60 x 4 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 11,639.47 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 06.12.21 Confirm with: NADIA	Email ☐	Call ☐
Payee 1:	\$S 11,639.47 Name 1: PREMIUM AUTOMOBILES PTE LTD		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		