

ASSIGNMENTSurveyor: TaufikhDOI: 11/08/2021Date / Time : 10/08/2021Registered in Merimen: 10/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SNA 590S

Claim No. : _____

Name of Insured : TAN FOCK LUI SANDRA

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/08/2021Place of Accident : PIE - CHANGI (AFTER BKE EXIT)

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****SHC 6894L**INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 6894L : CC4/AIG19021372/Gea3q2 ; DOA : 30/11/2019	STAGE DATE / PIC
	SNA 590S : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
13/08/2021	OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	CLAIMANT - PREMIER TAXIS PTE LTD	Notification ltr (if non-pickup) ☐ ☐
		After call ltr to OI: ☐ ☐
		Authorisation To Act: ☐ ☐
	TPV: KIA OPTIMA - 1685cc	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: <u>L/S</u>	S\$ <u>3750.00</u> (<u>4</u> days) Reduction: <u>4413.80</u> % <u>54</u>	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>11/04/2022</u> Confirm with <u>WENNIS</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>4,012.50</u> W/GST	
Loss of Rental (LOR):	S\$ <u>305.94</u> (<u>6</u> days) x \$50.99	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ <u>240.00</u> (\$ <u>40</u> x <u>6</u> days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>	
Medical:	S\$	1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$	3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>4,560.44</u> Global Sum S\$: 4,550.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>4,550.00</u> Name 1: <u>PREMIER AUTOMOTIVE SERVICES PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ Name 3: _____	