

ASSIGNMENTSurveyor: ADRIANDOI: 20/08/2021Date / Time : 16/08/2021Registered in Merimen: 16/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKC 7305D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 15/08/2021 14:40Place of Accident : ALONG CTE BEFORE ANG MO KIO AVE 1 EXIT ON LANE 1

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**SKF 9305ASKC 7305DSLZ 7202JINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>SLZ 7202J - X</u>	<u>SKC 7305D - X</u>	STAGE DATE / PIC
			Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
	TPV: AUDI Q5 - 1984cc		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: ☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:
Repair Cost: P/P S\$ \$6,660.00 (3 days) Reduction: \$7,262.00 % 52			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>28/12/2021</u> Confirm with <u>NADIA</u>			Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28			If NO or B 28, Ass. Lia : 0%
Repair Cost: S\$ 7,126.20 W/GST			
Loss of Rental (LOR): S\$ (days)			C.C (OI 2ND)
Loss of Use (LOU): S\$ 300.00 (\$ 100 x 3 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\$ 7,428.20	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒ Call ☐
Payee 1: S\$ 7,428.20	Name 1:	PREMIUM AUTOMOBILES PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		