

ASSIGNMENTSurveyor: XGQDOI: 27/08/2021Date / Time : 27/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YN 7214JClaim No. : 20/21/21/VC00/024888Name of Insured : TRANS FLORAND PTE LTDPolicy No. : Z/20/VC00/109438

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : 24/08/2021 15:20Place of Accident : WOODLANDS AVE 12 TOWARDS WOODLANDS

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**SHD 1352LINSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHD 1352L - CS/MSG17014419/K1qbe2 ; 23.07.2017</u>	Non-Reporting ltr (1st):	
	<u>YN 7214J - CC4/AIG18017195/ea3XX ; 07.07.2018</u>	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: <u>XGQ</u>		
Repair Cost: <u>L/S</u> S\$ <u>10,200.00</u> (<u>7</u> days) Reduction: <u>41</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>04.07.22</u> Confirm with <u>WEE DEK</u>	Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>10,914.00</u>		OID CHANGED LANE AND COLLIDED TP	
Loss of Rental (LOR): S\$ <u>331.10</u> (<u>7</u> days) x \$47.30			
Loss of Use (LOU): S\$ <u>-</u> (\$ x days)			
Loss of Income (LOI): S\$ <u>-</u> (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>2.00</u>			
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$400</u>	
Total: S\$ <u>11,247.10</u>	Global Sum S\$: <u>11,240.00</u>		
FINAL PAYMENT	Date/Time: <u>04.07.22</u> Confirm with: <u>WEE DEK</u>	Email ☐ Call ☐	
Payee 1: S\$ <u>11,240.00</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:		