

ASSIGNMENTSurveyor: ThevanDOI: 09/09/2021Date / Time : 08/09/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : YN 5722Y

Claim No. : _____

Name of Insured : WANCO ELECTRIC PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03/09/2021Place of Accident : 34 Bayshore Rd CARPARKIs 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**SLN 6160R → _____ → _____ → _____ → _____INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLN 6160R : CS/MSG19011748/Kvd3n2 ; DOA : 24/06/2019	STAGE DATE / PIC
	YN 5722Y : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	NISSAN TEANA (1997cc)	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: <u>L/S</u>	S\$ <u>\$1,600.00</u> (<u>3</u> days) Reduction: <u>\$1,797.00</u> % <u>53</u>	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>20/01/2022</u> Confirm with <u>WEE DEK</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>1,712.00</u> W/GST	
Loss of Rental (LOR):	S\$ <u>770.40</u> (<u>6</u> days) x \$128.40 W/GST	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x 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>\$400.00</u>
Total:	S\$ <u>2,484.40</u> Global Sum S\$: 2,450.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 2,450.00 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: _____	