

ASSIGNMENT

Surveyor: THEVAN DOI: 21/09/2021 Date / Time : 21/09/2021
Registered in Merimen: 21/09/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SFF 95Z Claim No. : _____
Name of Insured : JOANNA ONG SOO MUN Policy No. : 1700043325
Insured Tel No. : _____ HP: _____ Make / Model : Mercedes Cla250
Excess Sec II :S\$ _____ D.O.A : 20/09/2021 09:15 Place of Accident : ALONG DUNEARN ROAD TOWARDS
Is driver the owner? (YES / NO) Nature of Accident : NEWTON CIRCUS (NEAR
CALTEX STATION)

If NO, Driver Name / Age :

Driver Tel No. :

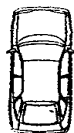
(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHC 2522LSCP 2020JSFF 95ZSHC 6202J

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

OI

INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS: TP

Date/ Time		STAGE	DATE / PIC
	<u>SHC 6202J - CC3/III19003069/K1ea3q2; 18/02/2019</u>	Non-Reporting ltr (1st):	
	<u>CC3/QBE19016029/K1ha3q2; 09/09/2019</u>	Non-Reporting ltr (2nd):	
	<u>CC4/AXA13004852/M1ef3y; 11/03/2013</u>	Non-Reporting ltr (Final):	
	<u>CC6/III16002002/M1hb3q2; 10/01/2016</u>	Notification ltr (if non-pickup):	
	<u>NS/INC16020428/K1qh3m2; 20/10/2016</u>	Call OI:	
	<u>SFF 95Z - X</u>	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: L/S	S\$ \$750.00 (2 days) Reduction: \$1,913.40 % 72	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>26/01/2022</u> Confirm with <u>SHAFAWATI</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 802.50 W/GST		
Loss of Rental (LOR):	S\$ 202.23 (3 days) x \$67.41		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 120.00 (\$ 40 x 3 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: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 1,126.73	Global Sum S\$: 1,120.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 1,120.00 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:		