15/5/2010

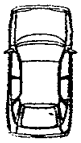
INS. CASE OWNER: NORSIAH | CC4/AIG21009909/Npa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: NAZ DOI: 23/09/2021 Date / Time : 22/09/2021

Registered in Merimen: 22/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SNA 563X Claim No. : 1605213325SG

Name of Insured : Policy No. : 7210054196

Insured Tel No. : HP: Make / Model :

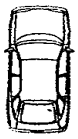
Excess Sec II :S$ D.O.A : 21.09.2021 21:20 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

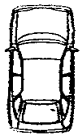
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

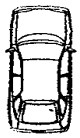
SHD 1155P → → →



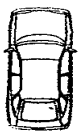
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 1155P - CC3/CTI18006349/R1ea3q2 ; 31/03/2018	**STAGE**	**DATE / PIC**
	CS/FCI18004800/K1vd3n2 ; 11/03/2018	Non-Reporting ltr (1st):	
	NS/INC18018923/K1vbe2 ; 16/10/2018	Non-Reporting ltr (2nd):	
	SNA 563X - X	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:
Repair Cost: L/sum	S$ 3,050.00 (4 days) Reduction: 68 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/03/2022	Confirm with Wee Dek	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,263.50		
Loss of Rental (LOR):	S$ 372.36 (6 days)	x $62.06	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 300.00 ($ 50 x 6 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: $320.00
Total:	**S$** 3,937.86	**Global Sum S$:** 3,900.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 3,900.00	Name 1:	Premier Automotive Services Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		