

ASSIGNMENTSurveyor: ThevanDOI: 19/10/2021Date / Time : 14/10/2021Registered in Merimen: 14/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMZ 8788S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : 14/10/2021 08:00

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

SHC 6355BINSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	<u>SHC 6355B - CC3/CTI16008715/H1hg3n2 ; 09/05/2016</u>	STAGE	DATE / PIC	
	<u>CC6/III16007342/Uwg3s2 ; 10/04/2016</u>	Non-Reporting ltr (1st):		
	<u>CS/FCI10016507/Kbr1 ; 04/05/2010</u>	Non-Reporting ltr (2nd):		
	<u>CS/III08027588/Uch ; 29/05/2008</u>	Non-Reporting ltr (Final):		
	<u>NA/CTI16008579/h4 ; 09/05/2016</u>	Notification ltr (if non-pickup):		
	<u>NA/INC12009870/k ; 16/05/2012</u>	Call OI:		
	<u>NA1/AIG08008693/s1 ; 10/03/2008</u>	After call ltr to OI:		
	<u>NA1/INC08012606/e1 ; 18/04/2008</u>	Documentation Check List: Handler Typist		
	<u>NA1/INC08016587/e1 ; 29/05/2008</u>	Notification ltr (if non-pickup)	☐	☐
	<u>SMZ 8788S - X</u>	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:	☐	☐
		Post-Repair Photos:	☐	☐
		Others:	☐	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>P/P</u>	S\$ <u>886.00</u> (<u>2</u> days) Reduction: <u>68</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>25/01/2021</u> Confirm with <u>Shafawati</u>		Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>948.02</u>			
Loss of Rental (LOR):	S\$ <u>168.53</u> (<u>2.5</u> days) x S\$67.41			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ <u>125.00</u> (\$ <u>50</u> x <u>2.5</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [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>\$320.00</u>	
Total:	S\$ <u>1,243.55</u>	Global Sum S\$: <u>1,200.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>1,200.00</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:		