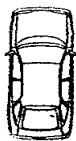


ASSIGNMENT

Surveyor:

ADRIAN

DOI:

29/10/2021Date / Time : **27/10/2021**Registered in Merimen: **27/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMH 3913A**Claim No. : **9104332992SG**

Name of Insured : _____

Policy No. : **1900006185**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **27/10/2021 08:42**Place of Accident : **Near 60 Kheam Hock Rd, Singapore 298824**

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

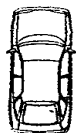
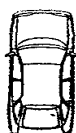
PIE AFTER LORNIE

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****SMT 7310A****SMH 3913A****SLN 6712Z**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP: **Premium**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLN 6712Z - X	SMH 3913A - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: LWP	
Repair Cost: P/P	S\$ 3,367.60 (3 days) Reduction: 44 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 18.03.22 Confirm with NADIA	Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%		
Repair Cost: w/GST	S\$ 3,603.33	3VEH CC OID 2ND		
Loss of Rental (LOR):	S\$ 300.00 (3 days) x \$100			
Loss of Use (LOU):	S\$ - (\$ x days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ -			
Medical:	S\$ -			
Disbursement:	S\$ - (e.g. Tow/ Independent)		1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ -		2) Report Format: TP	
			3) Survey fee: \$320	
Total:	S\$ 3,903.33	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 18.03.22 Confirm with: NADIA	Email ☐ Call ☐		
Payee 1:	S\$ 3,903.33	Name 1: PREMIUM AUTOMOBILES PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		