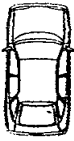


INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **THEVAN**DOI: **29/10/2021**Date / Time : **29/10/2021**Registered in Merimen: **30/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SFH 6522H**Claim No. : **1227735442SG**

Name of Insured :

Policy No. : **2070058642**

Insured Tel No. : HP: \_\_\_\_\_

Make / Model :

**Excess Sec II :S\$**D.O.A : **29.10.2021 10:55**

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

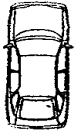
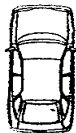
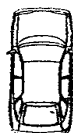
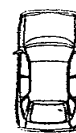
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****SHB 8811T**INSRS:  
WSP: **PREMIER**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                                                                                      | STAGE                                                     | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <b>SHB 8811T - CC4/AXA12013622/H1hc3k2 ; 08/07/2012</b>                                                              | Non-Reporting ltr (1st):                                  |                                                   |
|                                                                                                                                                                      | <b>CS/FCI12003164/Ky1s2 ; 11/02/2012</b>                                                                             | Non-Reporting ltr (2nd):                                  |                                                   |
|                                                                                                                                                                      | <b>NA/INC14003038/m2 ; 16/02/2014</b>                                                                                | Non-Reporting ltr (Final):                                |                                                   |
|                                                                                                                                                                      | <b>SFH 6522H - X</b>                                                                                                 | Notification ltr (if non-pickup):                         |                                                   |
|                                                                                                                                                                      |                                                                                                                      | Call OI:                                                  |                                                   |
|                                                                                                                                                                      |                                                                                                                      | After call ltr to OI:                                     |                                                   |
|                                                                                                                                                                      |                                                                                                                      | <b>Documentation Check List:</b>                          | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                                                                                      | Notification ltr (if non-pickup)                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | After call ltr to OI:                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Authorisation To Act:                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Release Voucher:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Final Repair Bill:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Car Rental Invoice:                                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Towing Invoice                                            | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | LTA / GIA :                                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Medical Bill:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | PIR:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Mandate/Reject Instruction:                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | LOD                                                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Payment Breakdown Form:                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Post-Repair Photos:                                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                                      | Others:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                                                                                      |                                                           |                                                   |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____ Confirm by: <b>TTK</b>                                                          |                                                           |                                                   |
| Repair Cost: <b>P/P</b> S\$ <b>3,156.88</b> ( <b>4</b> days) Reduction: <b>53</b> %                                                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>                                                         |                                                           |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>22.02.22</b> Confirm with <b>WEE DEK</b> Email <input type="checkbox"/> Call <input type="checkbox"/>  |                                                           |                                                   |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>                                                                                           | If NO or B 28, Ass. Lia :                                                                                            |                                                           |                                                   |
| Repair Cost: <b>w/GST</b> S\$ <b>3,377.86</b>                                                                                                                        | <b>OID REAR ENDED TP</b>                                                                                             |                                                           |                                                   |
| Loss of Rental (LOR): S\$ <b>291.04</b> ( <b>4</b> days) x \$72.76                                                                                                   |                                                                                                                      |                                                           |                                                   |
| Loss of Use (LOU): S\$ <b>-</b> (\$ x days)                                                                                                                          |                                                                                                                      |                                                           |                                                   |
| Loss of Income (LOI): S\$ <b>-</b> (\$ x days)                                                                                                                       |                                                                                                                      |                                                           |                                                   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                                                      |                                                           |                                                   |
| GIA/LTA Search S\$ <b>2.00</b>                                                                                                                                       |                                                                                                                      |                                                           |                                                   |
| Medical: S\$ <b>-</b>                                                                                                                                                |                                                                                                                      | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                                   |
| Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )                                                                                                                  |                                                                                                                      | 2) Report Format: <b>TP</b>                               |                                                   |
| Legal Cost S\$ <b>-</b>                                                                                                                                              |                                                                                                                      | 3) Survey fee: <b>\$320</b>                               |                                                   |
| <b>Total:</b> S\$ <b>3,670.90</b> Global Sum S\$: <b>3,670.00</b>                                                                                                    |                                                                                                                      |                                                           |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: <b>22.02.22</b> Confirm with: <b>WEE DEK</b> Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                           |                                                   |
| Payee 1: S\$ <b>3,670.00</b> Name 1: <b>PREMIER AUTOMOTIVE SERVICES PTE LTD</b>                                                                                      |                                                                                                                      |                                                           |                                                   |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____                                                                                                                    |                                                                                                                      |                                                           |                                                   |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____                                                                                                                    |                                                                                                                      |                                                           |                                                   |