15/5/2010

INS. CASE OWNER: CC3/AIG21011786/Apa3

LKK:

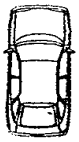
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 23/11/2021 Date / Time : 18/11/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SBF 1680A Claim No. : 3854316108SG

Name of Insured : Ho Shuit Hung Policy No. : 2100398511-07

Insured Tel No. : HP: Make / Model :

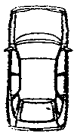
Excess Sec II :S$ D.O.A : 16/11/2021 Place of Accident :

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

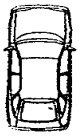
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

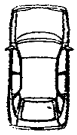
SNC 5366E → → →



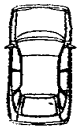
INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SNC 5366E : X ; SBF 1680A : X
24/11/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL

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:
Repair Cost: P/P	S$ 5,322.80 (3 days)	Reduction: 61 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/05/2022	Confirm with Nadia	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,695.40		
Loss of Rental (LOR):	S$ 300.00 (3 days)	x$100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**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: $320.00
Total:	**S$** 5,997.40	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 5,997.40	Name 1:	Premium Automobiles Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	