15/5/2010

INS. CASE OWNER:

CC4/AIG21012931/Vgs3

LKK:

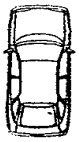
IDAC:

ASSIGNMENT

Surveyor: Thevan DOI: 22/12/2021 Date / Time : 21/12/2021

Registered in Merimen: 21/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SDA 980T Claim No. :

Name of Insured : CHENG YIAN GEK Policy No. :

Insured Tel No. : HP: Make / Model :

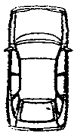
Excess Sec II :S$ D.O.A : 18/12/2021 Place of Accident : BEDOK SOUTH AVE 3

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

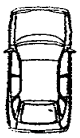
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

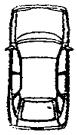
SMG 4840A → → →



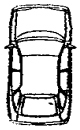
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMG 4840A : X ; SDA 980T : 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 :	
	CLAIMAINT - LOW ZHI WEI	Medical Bill:	
		PIR:	
	TPV: MINI COOPER - 1499cc	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: PP	S$ $11,635.00 (4 days) Reduction: $2,310.00 % 17		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.09.22	Confirm with WEE DEK	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 31		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 12,449.45 W/GST		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 200.00 ($ 50 x 4 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: $320.00
Total:	**S$** 12,651.45 **Global Sum S$:**		
FINAL PAYMENT	Date/Time: 06.09.22	Confirm with: WEE DEK	Email ☑ Cal ☐
Payee 1:	S$ 12,651.45	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:	