

INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 10/03/2022 Date / Time : 09/03/2022
Registered in Merimen: 09/03/2022

Pre-assign / CCU / FTE



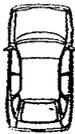
Insured Vehicle No. : SKA 4680A Claim No. : 7692880192SG
Name of Insured : _____ Policy No. : 2100455992
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 08/03/2022 15:35 Place of Accident : 109 Bukit Batok West Ave 6, Singapore 650109
Is driver the owner? (YES / 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**

SKE 6700S



INSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKE 6700S - CC3/AIG12005432/H1a2a3w2 ; 11/03/2012	Non-Reporting ltr (1st):	
CC4/AIG12016793/Ust2q2; 28/08/2012	Non-Reporting ltr (2nd):	
CS/LPC16000668/Ftbn2 ; 11/01/2016	Non-Reporting ltr (Final):	
NA/CTI16000692/d2; 11/01/2016	Notification ltr (if non-pickup):	
SKA 4680A - X	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: N.V S\$ 62,597.00 (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 10.08.22 Confirm with KEE SIANG Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9d If NO or B 28, Ass. Lia :		
Repair Cost: N. VALUE S\$ 62,597.00 OID MAKE A RIGHT TURN INTO MAIN ROAD		
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 2,040.00 (\$ 120 x 17 days)		
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ -		
Medical: S\$ 238.25	1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$320	
Total: S\$ 64,875.25 Global Sum S\$:		
FINAL PAYMENT Date/Time: 10.08.22 Confirm with: KEE SIANG Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 64,875.25 Name 1: PREMIUM AUTOMOBILES PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		