

INS. CASE OWNER:

CC3/AIG22005612/Apa3

IDAC:

ASSIGNMENTSurveyor: **A**DOI: **14/06/2022**Date / Time : **06.06.2022**Registered in Merimen: **14/06/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SDP 4555H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **05/06/2022 17:15**Place of Accident : **LOWER DELTA ROAD & KAMPONG BAHRU ROAD (AT TRAFFIC LIGHT TO TURN TO MOUNT FABER ROAD FROM LOWER DELTA ROAD)**

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

If NO, Driver Name / Age :

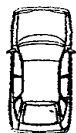
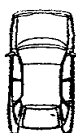
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJE 5923J**SDP 4555H****SNB 9638A**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	SNB 9638A - X	SDP 4555H - 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
			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\$ 19,373.76 (8 days) Reduction: 46 %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 25/05/2023 Confirm with		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0	
Repair Cost: 7%GST	S\$ 20,729.92			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 1,000.00 (\$ 100 x 10 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ 33.15		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\$ 21,765.07	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 21,765.07	Name 1:	PREMIUM AUTOMOBILES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		