

ASSIGNMENTSurveyor: AdrianDOI: 29/07/2022Date / Time : 25/07/2022Registered in Merimen: 25/07/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLA 9626M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 21/07/2022 18:00Place of Accident : ALONG BUKIT TIMAH RD

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

SCX 2878JINSRS:
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
	<u>SCX 2878J - X</u>	Non-Reporting ltr (1st):	
	<u>SLA 9626M - NA/CTI22004526/r3 ; 12.05.2022</u>	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>Part by Part</u> S\$ <u>1,602.00</u> (<u>3</u> days) Reduction: <u>81</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>11/04/2023</u> Confirm with <u>Siti</u>		Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u> S\$ <u>1,714.14</u>			
Loss of Rental (LOR): S\$ <u>300.00</u> (<u>3</u> days) @ \$100			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$		3) Survey fee: <u>\$320</u>	
Total: S\$ <u>2,014.14</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ <u>2,014.14</u>	Name 1: <u>PREMIUM AUTOMOBILES PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		