

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

Date / Time : **12/08/2022**Registered in Merimen: **14/08/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SGQ 198R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **01/08/2022 12:45**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

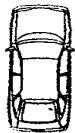
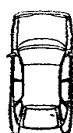
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**EU 8838C**INSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Reported By	DATE / PIC
EU 8838C - Reference Entry	CC4/AIG12004802/Ka2g2y	31/05/2012	SKA 1693H EU 8838C	06/03/2012	04/06/2012	Y.Y. X	
SGQ 198R - X	CC7/AIG12004753/M1m1uy	03/10/2012	SGA 1885T EU 8838C	06/03/2012	04/10/2012	V.S.Q	
						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:	
						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\$ 1,242.00 (3 days) Reduction: 93 % Email ☐ Call ☐							
FINAL SETTLEMENT Date/Time: 28/05/2023 Confirm with SITI Email ☒ Call ☐							
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22 If NO or B 28, Ass. Lia :							
Repair Cost: 8%GST S\$ 1,341.36							
Loss of Rental (LOR): S\$ 300.00 (3 days) X \$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\$ 2.00							
Medical: S\$							
Disbursement: S\$ (e.g. Tow/ Independent)							
Legal Cost S\$							
1) Claim status: Normal/Reject/Private Settle							
2) Report Format: TP							
3) Survey fee: \$320.00							
Total: S\$ 1,643.36 Global Sum S\$:							
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐							
Payee 1: S\$ 1,643.36 Name 1: Premium Automobiles Pte Ltd							
Payee 2: (Strike if N.A.) S\$ Name 2:							
Payee 3: (Strike if N.A.) S\$ Name 3:							