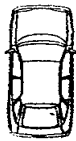


ASSIGNMENT

Surveyor: GY 6545R DOI: _____ Date / Time : 31/10/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GY 6545R Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$ _____ D.O.A : 29/10/2022 13:00 Place of Accident : _____

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

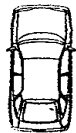
If NO, Driver Name / Age :

Driver Tel No. :

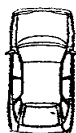
(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SJT 8887G

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SJT 8887G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CC3/AIG15017369/H1jg3s2 15/03/2016 SHB 3415L SJT 8887G 12/10/2015 17/03/2016 LSH1	
CC3/AIG15017616/Gvbn2 29/02/2016 SJT 8887G 12/10/2015 01/03/2016 GOY	Non Reporting Ltr (1st):	
GY 6545R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CC6/AIG20014815/pa3XX 31/12/2020 GY 6545R SLX 1555R 26/12/2020 08/02/2021 HWK	
	Non Reporting Ltr (2nd):	
	Work Report Close Date:	
	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: P/P S\$ 21,299.60 (11 days) Reduction: 31 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 12/06/2023 Confirm with: SITI		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100
Repair Cost: 8%GST S\$ 23,003.57		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 1,400.00 (\$ 100 x 14 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\$		1) Claim status: Normal/Reject/Private Settlement
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$400.00
Total: S\$ 24,405.57 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 24,405.57 Name 1: Premium Automobiles Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		