

ASSIGNMENTSurveyor: **ADRIAN**DOI: **29/11/2022**Date / Time : **29/11/2022**Registered in Merimen: **18/12/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKQ 7540S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **27/11/2022 11:00**

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****SJN 3539B**INSRS:
WSP: **PREMIUM**
Tel : **CARZ**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
	SJN 3539B - CS/AXA17010188/T1vbm2 05/07/2017 - SJN 3539B 16/05/2017 06/07/2017 CKL	Non-Reporting ltr (1st):	
	NA/CTH22007226/r3 29/07/2022 WANG CHIOU SHI(HUANG QIUSHI) GBJ 3327L SJN 3539B 26/07/2022 02/08/2022 RBW	Non-Reporting ltr (2nd):	
	SKQ 7540S - CC3/AIG22011984/Rvc 30/11/2022 SKQ 7540S 27/11/2022 FWL	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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/Sum	S\$ 3,700.00 (5 days) Reduction: 59 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 24/5/2023 Confirm with Candice	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,700.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$320	
Total:	S\$ 4,207.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 4,207.45 Name 1: PREMIUM CARZ SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		