CC3/AIG23000115/pa3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/01/2023
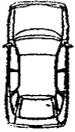
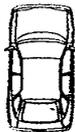Registered in Merimen: 04/01/2023

Pre-assign / CCU / FTE

Insured Vehicle No. : **SME 5670C**	Claim No. : _____	
Name of Insured : _____	Policy No. : _____	
Insured Tel No. : _____ HP: _____	Make / Model : _____	
Excess Sec II :S$ _____ D.O.A : 31/12/2022 10:04	Place of Accident : CAR PARK OF SHAW CENTRE	

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**
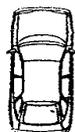
SMQ 7525M ———▶ ———▶ ———▶

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

Date/ Time	SMQ 7525M - X	SME 5670C - 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 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: **P/P** S$ **3,201.20** (**4** days) Reduction: **82** % ✓ Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **06/07/2023** Confirm with: **SITI** Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **23**	If NO or B 28, Ass. Lia :	
Repair Cost: **8%GST** S$ **3,457.30**		
Loss of Rental (LOR): S$ **400.00** (**4** 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$	1) Claim status: Normal/~~Reject/Private Settle~~	
Disbursement: S$ (e.g. Tow/ Independent)	2) Report Format: **TP**	
Legal Cost S$	3) Survey fee: **$320.00**	
Total: S$ **3,859.30** **Global Sum S$:**		

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1: S$ **3,859.30**	Name 1: **Premium Automobiles Pte Ltd**	
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	