15/5/2010

INS. CASE OWNER: CC 3 / AIG 180 19838 / T1 ja39/2 | LKK: | IDAC:

ASSIGNMENT

Surveyor: WMH | DOI: 29/11/18 | Date / Time: 31/10/18

Registered in Merimen: 31-10-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJH 1558R | Claim No. :

Name of Insured : | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 30/10/18 | 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

SGB 5312 Z →

INSRS: WSP: Tel : pml Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SGB5312Z - x ; SJH 1558R - x
13-11-18 @ 944AM	SPOKEN TO MR FAN. CONFIRMED. AGREED & AWARE NCD ISSUE.

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:	13-11-18 JOY

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 8-3-19 Confirm with CAROLINE Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: GST S$ 5,955.03

Loss of Rental (LOR): S$ – (days)

Loss of Use (LOU): S$ 300 / ($60 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$ –

Medical: S$ –

Disbursement: S$ – (e.g. Tow/ Independent)

Legal Cost S$

Total: S$ 6,255.03 **Global Sum S$:**

H2R

COPY SENT 11/3/19

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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

Payee 1:	S$ 5,955.03	Name 1:	PERFORMANCE MOTORS LTD /
Payee 2: (Strike if N.A.)	S$ 300 - x + /	Name 2:	VICKNESHWARAN S/O THANGAVELU
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–