Express (due on 28/11/19)
To Close within **3 WDs**
Sent : 26/11/19

15/5/2010

INS. CASE OWNER: JIMMY FOO | CC 3 /AIG1802 02-06 / R1

ASSIGNMENT

Surveyor: RASUL   DOI: 30/11/18   Date / Time : 9/11/18
Registered in Merimen: 9/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJN 7887U.	Claim No. :	5170574709SG
Name of Insured :	ENG THAN LIAN.	Policy No. :	7101700664.
Insured Tel No. :	HP: 96616272.	Make / Model :	MERCEDES
Excess Sec II :S$	D.O.A : 8/11/18.	Place of Accident :	4 KILBURN PARK
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**

SLV 1011D → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: performance	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SLV 1011D - 4 SJN 7887U - 4	Non-Reporting ltr (1st):	
15/11/18		Non-Reporting ltr (2nd):	
	- TP VIDEO FOOTAGE IN.	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	JOY 3-4-19

		Documentation Check List:	Handler	Typist
		Notification ltr (if non-pickup)	X	
		After call ltr to OI: EMAIL	/	
3-4-19 @ 5PM	OI AGREED & AWARE	Authorisation To Act:	/	
	NCD ISSUE. HE SAID	Release Voucher:	/	
	LOR A BIT HIGH.	Final Repair Bill:	/	
		Car Rental Invoice:	X	
15/10/19	- TYPE REPORT FIRST.	Towing Invoice	X	
	- REPORT DONE	LTA / GIA :	/	
22/10/19	- EMAIL TO OI TO COME OFFICE FOR	Medical Bill:	X	
	DISCUSSION	PIR:	X	
22/11/19	- SEND 1ST OFFER TO TP	Mandate/Reject Instruction:	X	
26/11/19	- TP ACCEPTED OFFER. ALL DOCS IN ORDER.	LOD		
		Payment Breakdown Form:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
			Others:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: D/O	S$ 2,865.60 (3 days) Reduction: 26 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/11/19	Confirm with CAROLINE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,066.19		
Loss of Rental (LOR):	S$ — (days)		OI HIT PARKED
Loss of Use (LOU):	S$ 180.00 ($60 x3 days)		
Loss of Income (LOI):	S$ — ($ x days)		VEH.
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:
Legal Cost	S$ —		3) Survey fee: $320.00
Total:	S$ 3,248.19	Global Sum S$: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,248.19	Name 1: PERFORMANCE MOTORS LIMITED	
Payee 2: (Strike if N.A.)	S$ —	Name 2:	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	