

Surveyor:

TAMMAM

DOI:

ASSIGNMENT

08/11/19

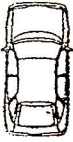
Date / Time:

28/11/2018

Registered in Merimen:

28/11/2018

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFB 3628M

Claim No. :

Name of Insured :

Eugene Wong Wai Hsin

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

26/11/2018

Place of Accident :

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

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

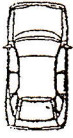
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJY9366K



INSRS:

WSP:

Tel :

Liability :

RMKS:

pmc



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
5/12/18	SJY9366K - 03/11/18 13020984 (Pha3w2) ; DOA: 27/11/18	Non-Reporting ltr (1st):	
	SFB3628M-X	Non-Reporting ltr (2nd):	
10/12/18	- PUB REQUISITION. OI KONT. ENDED TP. SEND LETTER BY MAIL TO OI TO NOTIFY TP CLAIM & NEB REQES. - EMAIL LIABILITY CLERK - FINANCIAL - ORIGINAL TP LOD IN	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	10/12/18 - UIC
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S\$ 3,689.60 ( 3 days) Reduction: 38 % Email  Call

FINAL SETTLEMENT Date/Time: 29/04/19 Confirm with: CAROLINE Email  Call

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

Repair Cost: (w/LOD) S\$ 3,947.87

Loss of Rental (LOR): S\$ - ( days) Loss of Use (LOU): S\$ 300.00 (\$100 x 3 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\$ - Disbursement: S\$ - (e.g. Tow/Independent) 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee: \$320.00

Total: S\$ 4,249.87 Global Sum SS:

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: S\$ 4,249.87 Name 1: PERFORMANCE MOTORS LIMITED