

Surveyor:

RASUL

DOI:

ASSIGNMENT

31/12/2019

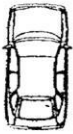
Date / Time :

31/12/2019

Registered in Merimen:

31/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SFQ 872P

Name of Insured : CHUA ZHENG-JIN BRIAN

Insured Tel No. : HP: _____

Excess Sec II : \$S D.O.A : 30/12/2019

Is driver the owner? (YES / ☒ NO) Nature of Accident :

If NO, Driver Name / Age : KEW JIA HUI

Driver Tel No. : +65-98278610

(V/L: ☒ YES / NO)

Claim No. : 2216441010SG

Policy No. : 1800003308

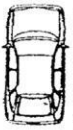
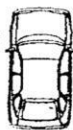
Make / Model : KIA SORENTO-2.2 (A)

Place of Accident : CARPARK CLEMENTI WOODS CONDO

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

Insured Liability : % Final ? Yes / No

SDB 8822J

INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SDB 8822J - X	SFQ 872P - 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:	09/01/20 - JL
			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: R/P \$S 17,641.45 (7 days) Reduction: 17 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/06/2020 Confirm with: Caroline

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 13

If NO or B 28, Ass. Lia :

Repair Cost: (w/gst) \$S 18,876.35

GOLD HIT PARKED TP

Loss of Rental (LOR): \$S - (days)

Loss of Use (LOU): \$S 600.00 \$60 x 10 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)

Legal Cost \$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$ 320.00

Total: \$S 19,478.35 Global Sum \$S: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$S 19,478.35 Name 1: PERFORMANCE MOTORS LIMITED

Payee 2: (Strike if N.A.) \$S - Name 2: -

Payee 3: (Strike if N.A.) \$S - Name 3: -