INS. CASE OWNER: **MingYao.Lee** | CC3/AIG20002297/ 9 da3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10/02/2020

Registered in Merimen: 10/02/2020

Pre-assign / CCU / FTE
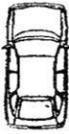
Insured Vehicle No. :	**SFU 2507K**	Claim No. :	3090063205SG
Name of Insured :	LIM GEOK ENG	Policy No. :	2100447099
Insured Tel No. :	HP:	Make / Model :	MITSUBISHI OUTLANDER 2.4 CVT
Excess Sec II :S$	D.O.A : 05/02/2020 15:20	Place of Accident :	EXIT TO PIE FROM TOA PAYOH

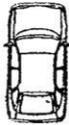Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : NEO MEI CHENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-81864923 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SLX 8488E →   →   →

INSRS: WSP: **Performance** Tel : **Motors** Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SLX 8488E - X	SFU 2507K - X	STAGE	DATE / PIC
12/2 2:14pm	spoke to OI & OID. OID is wife - OID hit TP from behind. Informed TP claim & aware NCD affected. letter sent to OI.		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	12/2 JC
			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:	S$ 8023.00 (5 days) Reduction: 21 %		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 24/8/2020	Confirm with Caroline	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	S$ 8584.61	OID rear-ended TP.	
Loss of Rental (LOR): (w/GST)	S$ 428.00 (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: $320	
Total:	S$ 9014.61	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 9014.61	Name 1: Performance Motors Limited	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	