

INS. CASE OWNER: **Lee Ming Yao**

CC3/AIG20003296/Eka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **STEVE**

DOI: **09/03/2020**

Date / Time: **27/02/2020**

Registered in Merimen: **27/02/2020**

Pre-assign / CCU / FTE

X



Insured Vehicle No. : **SLW 2448R**

Claim No. : **8879556195SG**

Name of Insured : **TAN WEI NIAN**

Policy No. : **1800008874**

Insured Tel No. : **HP: +65-98246532**

Make / Model : **AUDI A3 SEDAN 1.0 TFSI S TRONIC**

Excess Sec II : S\$ **D.O.A: 16/02/2020 06:00**

Place of Accident : **BASEMENT CARPARK AT MY HOUSE 7 SENGKANG EAST AVE S**

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

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

If NO, Driver Name / Age :

Insured Liability : % Final ? Yes / No

Driver Tel No. :

(VL: YES / NO)

SGE 1226A



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



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
	SGE 1226A - X	
	SLW 2448R - CC3/AIG18004130/Gybe2 : 28/02/2018	
	CC6/AIG18003916/Aeb3q2 : 28/02/2018	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: **PIP S\$ 1,974** (3 days) Reduction: **\$733 / 27%** Email Call

FINAL SETTLEMENT Date/Time: **5/6/2020** Confirm with **Caroline** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **23** If NO or B 28, Ass. Lia :

Repair Cost: **(w GST) S\$ 2,112.18**

Loss of Rental (LOR): **(w GST) S\$ 214** (2 days) X \$100

Loss of Use (LOU): **S\$ 100** (\$100 x 1 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\$ -**

Total: S\$ 2,428.18 Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: **S\$ 2,428.18** Name 1: **PERFORMANCE MOTORS LIMITED**

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

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

- 1) Claim status: **Normal** / Reject / Private Settle
- 2) Report Format: **TP**
- 3) Survey fee: **\$320**