15/5/2010

INS. CASE OWNER: CC4/LPC20003658/ ka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 8101S

Name of Insured : TAN LAI PING

Insured Tel No. : _____ HP: +65-94889580

Excess Sec II :S$ _____ D.O.A : 22/02/2020 10:30

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : 19/20/20/VP05/023089 X

Policy No. : Z19VP05023997

Make / Model : TOYOTA COROLLA ALTIS 1.6 AUTO

Place of Accident : ALONG NEWTON CIRCUS

Nature of Accident : _____

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

Insured Liability : % **Final ? Yes / No**

EL 776Y → _____ → _____ → _____

INSRS:
WSP: PERFORMANCE MOTORS LTD
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	EL 776Y - CS/MSG18001687/T1qd3n2 ; 17.01.18
	SLA 8101S - 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:	

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: PIP S$ 3,235 (4 days) Reduction: 50% Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 22/6/2020 Confirm with Caroline	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 13(b)	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 3,461.45	
Loss of Rental (LOR):	S$ 600.00 (4 days) x $150	
Loss of Use (LOU):	S$ - ($ - 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: $400
Total:	**S$** 4,063.45 **Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,063.45	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	