

INS. CASE OWNER:

CC4/LPC20003658/

ka3

LKK:

IDAC:

ASSIGNMENT

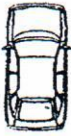
Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 8101S

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

Name of Insured : TAN LAI PING

Policy No. : Z19VP05023997

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

Make / Model : TOYOTA COROLLA ALTIS 1.6 AUTO

Excess Sec II :S\$

D.O.A : 22/02/2020 10:30

Place of Accident : ALONG NEWTON CIRCUS

Is driver the owner? (☒ 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

EL 776Y

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

Date/Time	STAGE	DATE / PIC
EL 776Y - CS/MSG18001687/T1qd3n2 ; 17.01.18	Non-Reporting ltr (1st):	
SLA 8101S - X	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:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>PIP</u> 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. : 13CB	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: _____		