

ASSIGNMENTSurveyor: RASULDOI: 20/04/2020Date / Time : 20/04/2020Registered in Merimen: 26/03/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLK 5447LClaim No. : 5680710234SGName of Insured : LENG CHOO KIAN BOBBYPolicy No. : 2100497200

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)Excess Sec II : S\$ _____ D.O.A : 25/03/2020Place of Accident : CHANGI VILLAGEIs driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : VICTORIA LENG JUNOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 98008819 (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SMN 2534KINSRS:
WSP: PERFORMANCE
Tel : MOTORS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMN 2534K - X	SLK 5447L - 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: <u>MRB</u>	
Repair Cost: <u>P/P</u> S\$ <u>4,256.25</u>	(<u>5</u> days) Reduction: <u>64</u> %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>21.08.20</u>	Confirm with <u>CAROLINE</u>	Email ☐ Call ☐	
Final Liability: % <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28g</u>	If NO or B 28, Ass. Lia : <u>0%</u>		
Repair Cost: <u>w/GST</u> S\$ <u>4,554.19</u>	<u>3VEH CC OID MID</u>			
Loss of Rental (LOR): S\$ <u>-</u>	(_____ days)			
Loss of Use (LOU): S\$ <u>240.00</u>	(\$ <u>60</u> x <u>4</u> days)			
Loss of Income (LOI): S\$ <u>-</u>	(\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject/Private Settle		
Disbursement:	S\$ <u>-</u>	(e.g. Tow/ Independent)	2) Report Format:	<u>TP</u>
Legal Cost	S\$ <u>-</u>		3) Survey fee:	<u>\$320</u>
Total:	S\$ <u>4,796.19</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>21.08.20</u>	Confirm with: <u>CAROLINE</u>	Email ☐ Call ☐	
Payee 1:	S\$ <u>4,796.19</u>	Name 1:	<u>PERFORMANCE MOTORS LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		