15/5/2010

INS. CASE OWNER:

CC3/III20006792/R1ba3

LKK:

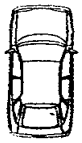
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 20/07/2020 Date / Time : 29.06.2020

Registered in Merimen: 29.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3212U Claim No. : MCT20060332

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

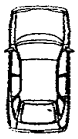
Excess Sec II :S$ D.O.A : 28/06/2020 Place of Accident :

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

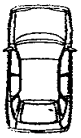
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

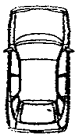
SFZ 821P → → →



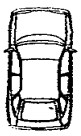
INSRS:
WSP: PERFORMANCE
Tel : MOTORS LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SFZ 821P - X	**STAGE** **DATE / PIC**
	SHD 3212U - CC3/AXA11017825/M1q1dc1 ; 30/08/2011	Non-Reporting ltr (1st):
	CS/MSG20001923/Dqf3n2 ; 01/02/2020	Non-Reporting ltr (2nd):
	NS/INC17011154/H1qbe2 ; 06/06/2017	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:
09/09/2020	SETTLED AND CLOSED / NO PHY FILE	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: P/P	S$ 7,974.85 (5 days) Reduction: 19.56 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/09/2020 Confirm with Caroline		Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 8,533.09		
Loss of Rental (LOR):(W/GST)	S$ 428.00 (4 days) X $100.00		
Loss of Use (LOU):	S$ 60.00 ($ 60 x 1 days)		OI cut cross double white line
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ✓ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$		
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: $350.00
Total:	**S$** 9,021.09	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 9,021.09	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	