

ASSIGNMENTSurveyor: **Rasul**DOI: **07.07.2020**Date / Time : **06.07.2020**Registered in Merimen: **06.07.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 3184Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **03/07/2020 06:45**Place of Accident : **PASIR RIS ROAD JUNCTION (ST 12 & DRIVE 1)**

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****SGM 7765D**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
	SGM 7765D - CC6/AIG13003158/Ub1a3w2; 17.2.2013	Non-Reporting ltr (1st):	
	SHC 3184Y - CC3/TMI12004872/H1y1n ; 06/03/2012	Non-Reporting ltr (2nd):	
	CS3/III17003293/Gbm2 ; 11/02/2017	Non-Reporting ltr (Final):	
	NS/INC13001976/H1qd1 ; 26/01/2013	Notification ltr (if non-pickup):	
	NS/INC17006524/H1qh3n2 ; 31/03/2017	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
21/09/2020	Pls refer to VIEWS for details.	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: P/P	S\$ 19,457.40 (7 days) Reduction: 23 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 21/09/2020 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\$ 20,819.42		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 540.00 (\$ 60 x 9 days)		
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: \$600.00	
Total:	S\$ 21,359.42 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 21,359.42 Name 1: Performance Motors Limited		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		