NSI CASE DWNERE		15/5/2010					LKK:		
ASSIGNMENT Dute / Time 24/07/2020		INS. CASE OWNER	:	CC3/III20007663/R1		ba3	IDAC:		
Surveyor: DOE: Date / Time: 24/07/2020				ASSIGNM	ENT				
Registered in Merrime: 26/07/2020		C		· · · · · · · · · · · · · · · · · · ·		D (/ TE)	1/07/2020		
Name of Insured Section Sectio		Surveyor:					22/2-/22	<u> </u>	
Name of Insured No. GBA 195S		D	/ FORE]	Registered in Merir	nen: <u>20/01/202</u>	.0	
Name of Insured		Pre-assign / CCU /	FIE						
Insured Tel No. HP: Make / Model 33 JERVOIS ROAD		Insured Vehicle No	. : GBA 195S		Claim No.	: MFL2020	00001432		
Insured Tel No. HP: Make / Model 33 JERVOIS ROAD		N			D-1: N-			_	
Excess Net II :85	t t	Name of Insured	:		Policy No.	·		_	
If NO, Driver Name / Age :		Insured Tel No.	:	HP:	Make / Model	<u> </u>			
If NO, Driver Name / Age :		Excess Sec II :S\$		D.O.A: 24/07/2020 16:00			ident : 33 JERVOIS ROAD		
Driver Tel No. :		Is driver the owner's	? (YES / NO)	Nature of Accident :					
Driver Tel No. :		If NO Driver New	· · · · · · · · · · · · · · · · · · ·		OLCIA DEDOD	T. VEC / NO . TD	CIA DEDORT, VEC /	NO	
INSRS: WSP: PERFORMANCE Tel: Liability: Liabili			=	(MIL. VES / NO.)				NO	
INSRS: WSP: PERFORMANCE WSP: Tol: Liability: RMKS: WSP: Tol: Liability: RMKS: RMKS:		Driver Tel I	NO. :	(V/L: 1E5/NO)	insured Liability	: %	rinai : Yes/No		
WSP: PERFORMANCE Tel: Te		SLQ 1611Z					→		
WSP: PERFORMANCE Tel: Te									
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Liability :				*		* * * * * * * * * * * * * * * * * * *			
SLQ 1611Z - X STAGE DATE / PIC			41 14	y: Д					
SLQ 1611Z - X GBA 195S - NA/INC12017140/e1; 03.09.2012 Non-Reporting ltr (1st): Non-Reporting ltr (1st): Non-Reporting ltr (1st): Non-Reporting ltr (7and): Notification ltr (7and-18and): Notification ltr (7and-18and)		RMKS:	RMKS		RMKS:		RMKS:		
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SBA 195S - NA/INC12017140/e1; 03.09.2012 Non-Reporting Itr (1st): Non		Dute, Time	SI O 16117 Y		<u></u>	STAGE	DATE	/ PIC	
Non-Reporting Itr (2nd): Non-Police Itr (2nd):				C12017140/e1 : 03.09.2012				110	
Notification Itr (if non-pickup): Call OI: After call lir to OI: Decumentation Check List: Handler Typist			05/(1000 17/(11/0	712017110701 ; 00.00.2012]	Non-Reporting ltr (2)	nd):		
Call Ol: After call ltr to Ol: Decumentation Check List: Handler Typist									
After call litr to Of: Documentation Check List: Handler Typist							п-ріскир):		
Documentation Check List: Handler Typist									
Notification Itr (if non-pickup) After call Itr to O:									
Authorisation To Act:]	Notification ltr (if no			
Release Voucher:	-					After call ltr to OI:			
Final Repair Bill:						Authorisation To Act	: 🗸		
Car Rental Invoice:]	Release Voucher:			
Towing Invoice							<u> </u>		
TA / GIA :	25/00/2020								
Medical Bill:	25/(23/09/2020 SETTLED AND CLOSED / NO PHY FILE							
PIR:									
Mandate/Reject Instruction:									
LOD	-						struction:		
Payment Breakdown Form: Post-Repair Photos: Others: Others	-						duction.		
PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others: Others:							n Form:		
Others:	PRELIN	MINARY ADVICE	Date/Time:	Sent By:			_		
Repair Cost: P/P S\$ 4,561.70 (4 days) Reduction:17.56 % Email Call				•					
FINAL SETTLEMENT Date/Time: 24/09/2020 Confirm with Caroline Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 23 Repair Cost: (W/GST) S\$ 4,881.02 Loss of Rental (LOR): (W/GST)S\$ 481.50 (3 days) X \$150.00 Insured driver reversed and hit stationary thrid party Loss of Income (LOI): S\$ (\$ x days) LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search S\$ 7.45 Medical: S\$ (e.g. Tow/ Independent) 2) Report Format: TP	FINALI		Date/Time:	Confirm with:	•	Confirm by:			
FINAL SETTLEMENT Date/Time: 24/09/2020 Confirm with Caroline Email Call Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 23 If NO or B 28, Ass. Lia: Repair Cost: (W/GST) Loss of Rental (LOR): (W/GST) S\$ 4,881.02 Loss of Rental (LOR): (W/GST) S\$ (\$ x days) Loss of Income (LOU): S\$ (\$ x days) LOR only LOU only LOR + LOU LOR + LOU LOR + LOI GIA/LTA Search S\$ 7.45 Medical: Disbursement: S\$ (e.g. Tow/ Independent) 20 Repair Carl In NO or B 28, Ass. Lia: In NO or B 28, Ass. Lia: In NO or B 28, Ass. Lia: It NO or B 28, Ass. Lia: In Surred driver reversed and hit stationary thrid party In Surred driver reversed and hit stationary thrid party Adays In Claim status: Normal/Reject/Private Settle Disbursement: TP	Repair C	ost: P/P	s\$ 4,561.70 (4	days) Reduction:17.56	%	,	Email Call		
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Medical: S\$ 1) Claim status: Normal/Reject/Private Settle Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: TP				OK + LOI [TICK ONLY ONE]					
Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: TP	_					1) Claim status: No	rmal/Reject/Private Se	ettle	
				(e.g. Tow/ Independent)					
							\$350.00		

ss 5,369.97

s\$ 5,369.97

Date/Time:

S\$

S\$

Total:

Payee 1:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Global Sum S\$:

Name 2:

Name 3:

Confirm with: Email Call

Name 1: PERFORMANCE MOTORS LIMITED