

INS. CASE OWNER:

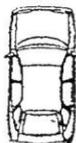
CC3 /AIG 2000 8277 / R1es3

LKK:
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 31/08/2020 Date / Time : 11/08/2020
Registered in Merimen: 11/08/2020

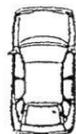
Pre-assign / CCU / FTE



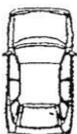
Insured Vehicle No. : SLH 9535E Claim No. : _____
Name of Insured : POPULAR RENT A CAR PTE LTD Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 10/08/2020 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

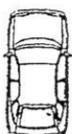
SKR 5300B



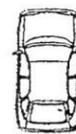
INSRS:
WSP: **PERFORMANCE**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKR 5300B : X ; SLH 9535E : 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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: **MRB**
Repair Cost: **P/P** S\$ **7,254.15** (**5** days) Reduction: **42** % Email Call

FINAL SETTLEMENT Date/Time: **03.11.20** Confirm with **CAROLINE** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27** If NO or B 28, Ass. Lia :
Repair Cost: **w/GST** S\$ **7,761.94** **OID REAR ENDED TP**
Loss of Rental (LOR): **w/GST** S\$ **428.00** (**4** days) x \$100
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\$ **7.45**
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -
Total: S\$ **8,197.39** Global Sum S\$:
1) Claim status: Normal/ ~~Reject/ Private Settle~~
2) Report Format: **TP**
3) Survey fee: **\$320**

FINAL PAYMENT Date/Time: **03.11.20** Confirm with: **CAROLINE** Email Call

Payee 1: S\$ **8,197.39** Name 1: **PERFORMANCE MOTORS LTD**
Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3: