

INS. CASE OWNER:

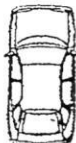
CC3 / III 2000 8864 / R1ps3

LKK:
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 31/08/2020 Date / Time : 24/08/2020
Registered in Merimen: 24/08/2020

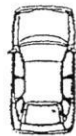
Pre-assign / CCU / FTE



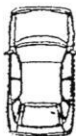
Insured Vehicle No. : PC 2765H Claim No. : _____
Name of Insured : TONG TAR TRANSPORT SERVICE PTE LTD Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A: 17/08/2020 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

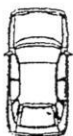
SDQ 3396B



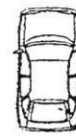
INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SDQ 3396B : X ; PC 2765H : X	STAGE	DATE / PIC	
18/12/2020	Pls refer to VIEWS for details.	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"/>		
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	
		Others:	<input type="checkbox"/>	

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: **Repair Sum** S\$ 12,000.00 (5 days) Reduction: 30 % Email Call

FINAL SETTLEMENT Date/Time: 18/12/2020 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\$ 12,840.00
Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ 300.00 (\$60 x 5 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\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____
1) Claim status: Normal/Report/Private Settlement
2) Report Format: TP
3) Survey fee: \$600.00

Total: S\$ 13,140.00 Global Sum S\$: _____
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 13,140.00 Name 1: Performance Motors Limited
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____