

INS. CASE OWNER:

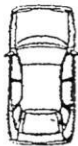
CC 4 /LPC 2000 9039 / R1bs3n2

LKK:
IDAC:

ASSIGNMENT

Surveyor: RASULDOI: 31/08/2020Date / Time : 26/08/2020Registered in Merimen: 26/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : XD 6571ZClaim No. : 20/20/20/VC05/023574Name of Insured : NCK MANUFACTURING

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 22/08/2020

Place of Accident : _____

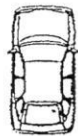
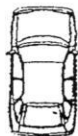
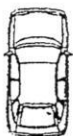
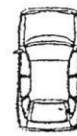
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLV 2207A

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

Date/ Time	SLV 2207A : X XD 6571Z : NA/MSG13010020/s4 ; DOA : 03/06/2013	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 checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" 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"/>
02/11/2020	SETTLED AND CLOSED / NO PHY FILE		
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	S\$ 12,986.00 (9 days) Reduction: 24.17 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 27/10/2020 Confirm with: Caroline	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 13,895.02		
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 <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 2.00		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 14,437.02 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 14,437.02 Name 1: PERFORMANCE MOTORS LIMITED		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		

OID CHANGED LANE

 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$400.00