

INS. CASE OWNER:

CC4/LPC20009415/Eba3q2

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : YM 8518G Claim No. : 20/20/20/VC05/023616
 Name of Insured : ZEALOUS MOVER PTE LTD Policy No. : Z/20/VC05/005198-001
 Insured Tel No. : _____ HP: _____ Make / Model : MITSUBISHI
Excess Sec II :S\$ _____ D.O.A : 01/09/2020 16:30 Place of Accident : 506 CHAI CHEE LANE BOXPARK CARPARK

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

If NO, Driver Name / Age : LIM JOO LEE

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SDT 8141X

INSRS:
WSP: **Performance**
Tel : **Motors**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YM 8518G - NA/LPC20009354/h4 ; 01/09/2020	Non-Reporting ltr (1st):	
	NA/UOI18017954/k4 ; 02/10/2018	Non-Reporting ltr (2nd):	
	SDT8141X - NA/LPC20009354/h4 ; 01.09.2020	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)	☐ ☐
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
18/02/2021	SETTLED AND CLOSED / NO PHY FILE		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 22,182.10 (11 days) Reduction: 21.26 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/02/2021 Confirm with EVELYN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 23,734.85		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 1,500.00 (\$ 100 x 15 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
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: \$400.00	
Total:	S\$ 25,236.85	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 25,236.85	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	