

ASSIGNMENT

Surveyor:

Taufikh

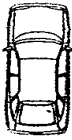
DOI:

30/10/2020

Date / Time :

20/10/2020

Registered in Merimen:

20/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLT 2633M**

Claim No. : _____

Name of Insured : **LOONG CHER SIONG**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **17/10/2020**

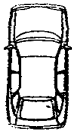
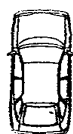
Place of Accident : _____

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****SBV 8813D**INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SBV 8813D : X ; SLT 2633M : 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
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ \$7,058.90	(5 days) Reduction: \$3,201.90	% 31	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 30/04/2021	Confirm with EVELYN	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,553.02	W/GST		
Loss of Rental (LOR):	S\$ (days)	OI DRIVING STRAIGHT ON 2ND LANE (LEFT TURN ONLY)		
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 days)	TP TURNING LEFT FROM LANE 3		
Loss of Income (LOI):	S\$ (\$ x days)	(DRIVE STRAIGHT / LEFT TURN ONLY).		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal /Reject/Private Settle		
Legal Cost	S\$	2) Report Format: TP		
Total:	S\$ 8,053.02	Global Sum S\$:	3) Survey fee: \$320.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 8,053.02	Name 1:	PERFORMANCE MOTORS LIMITED	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		