

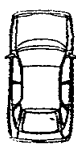
ASSIGNMENT

Surveyor:

DOI:

Date / Time : 21.10.2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SMR 5866L

Claim No. : 9705160608SG

Name of Insured : Seksaria Mangalam

Policy No. : 1900262259

Insured Tel No. : HP: _____

Make / Model :

Excess Sec II :\$ D.O.A : 21/10/2020 09:25

Place of Accident : THE CROSSROAD NEAR NORTH BUONA VISTA ROAD

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. :

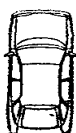
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SJU 6279U

INSRS:
WSP: PERFORMANCE
Tel : MOTOR LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJU 6279U - CC4/AXA15009231/R1ya3q2 ; 29.05.2015	Non-Reporting ltr (1st):	
	SMR 5866L - X	Non-Reporting ltr (2nd):	
22/10/2020	OINR. To send out first letter.	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
13/01/2021	Pls refer to VIEWS for details.	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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 3,583.40 (3 days) Reduction: 39 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/01/2021	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\$ 3,834.24		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 300.00 (\$100 x 3 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: \$320.00
Total:	S\$ 4,136.24	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 4,136.24	Name 1:	Performance Motors Limited
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	