15/5/2010

INS. CASE OWNER: CC3/AIG20012608/R1gs3

LKK:

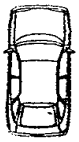
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 24/11/2020 Date / Time : 16/11/2020

Registered in Merimen: 16/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGT 918P Claim No. :

Name of Insured : GWEE YUAN KERR RYAN Policy No. :

Insured Tel No. : HP: Make / Model :

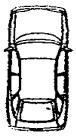
Excess Sec II :S$ D.O.A : 14/11/2020 Place of Accident :

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

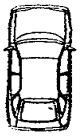
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

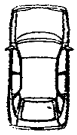
SGD 83G → → →



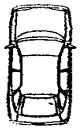
INSRS:
WSP: PERFORMANCE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGD 83G : NA/INC14023432/d2 ; DOA : 18/12/2014
	SGT 918P : X
18/11/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER

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)		
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:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ $12,084.75 (6 days) Reduction: $5,245.35 % 30 Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 24/03/2021 Confirm with EVELYN Email [✓] Cal [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 12,930.68 W/GST	
Loss of Rental (LOR):	S$ 642.00 (4 days) x $160.50 W/GST	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LO [ ] [**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: $320.00
Total:	**S$** 13,574.68 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Cal [ ]

Payee 1:	S$ 13,574.68	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	