

ASSIGNMENT

Surveyor:

RASUL

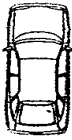
DOI:

01/12/2020

Date / Time :

20/11/2020

Registered in Merimen:

20/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMF 9623H**

Claim No. : _____

Name of Insured : **GOH HUI MAN**

Policy No. : _____

Insured Tel No. : _____ HP: _____

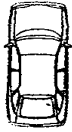
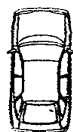
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **19/11/2020**

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****SMV 7676J**INSRS:
WSP: **PERFORMANCE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMV 7676J : X ; SMF 9623H : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
29/01/2021	Pls refer to VIEWS for details.		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"/>
PRELIMINARY ADVICE Date/Time:			Sent By:	
			Post-Repair Photos: <input type="checkbox"/>	
			Others: <input type="checkbox"/>	
FINALIZATION Date/Time:			Confirm with:	
Repair Cost: P/P S\$ 3,967.00 (3 days) Reduction: 19 %			Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 29/01/2021 Confirm with Caroline			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,244.69				
Loss of Rental (LOR) w/GST S\$ 385.20 (3 days) x \$120.00				
Loss of Use (LOU): S\$ (\$ x days)				
Loss of Income (LOI): S\$ (\$ x days)				
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [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: \$350.00	
Total: S\$ 4,631.89 Global Sum S\$:				
FINAL PAYMENT Date/Time:			Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 4,631.89 Name 1: Performance Motors Limited				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				