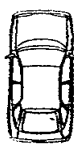


ASSIGNMENT CC3/AIG20013422/R1pa3q2Surveyor: Rasul

DOI: _____

Date / Time : 06/12/2020Registered in Merimen: 06/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLC 3299C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 03/12/2020 19:00Place of Accident : 690 Upper Changi Rd E, Upper Changi

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**SVG 9444CSLC 3299CSKZ 6959CINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP:
Tel :
Liability :
RMKS:**PERFORMANCE****TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SKZ 6959C - CS/MSG17007894/Avbe2 ; 19.04.2017</u>	Non-Reporting ltr (1st):	
	<u>SLC 3299C - NA/AIG20013390/z4 ; 03.12.2020</u>	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
<u>04/03/2021</u>	<u>Pls refer to VIEWS for details.</u>	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: <u>P/P</u> S\$ <u>11,249.60</u> (<u>5</u> days) Reduction: <u>26</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>04/03/2021</u> Confirm with <u>Evelyn</u>		Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>0</u>	
Repair Cost: <u>w/GST</u> S\$ <u>12,037.07</u>			
Loss of Rental (LOU) <u>w/GST</u> S\$ <u>513.60</u> (<u>4</u> days) x \$120.00			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>2.00</u>			
Medical: S\$		1) Claim status: Normal/ Reject/Print <u>Settle</u>	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$		3) Survey fee: <u>\$320.00</u>	
Total: S\$ <u>12,552.67</u> Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1: S\$ <u>12,552.67</u> Name 1: <u>Performance Motors Limited</u>			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			