

ASSIGNMENTSurveyor: **STEVE**DOI: **18/08/2021**Date / Time : **04/08/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SDF 7712D**Claim No. : **20/21/21/VC20/024821**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **03/08/2021 08:45**Place of Accident : **SLIP ROAD FROM UPPER THOMSON ROAD INTO VENUS DRIVE**

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

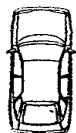
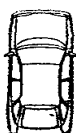
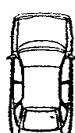
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMQ 6832H**INSRS:
WSP: **Performance Motors Limited**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMQ 6832H - X	SDF 7712D - 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 Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: CTY	
Repair Cost: P/P	S\$ 11,425.95 (8 days) Reduction: 41 %	Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT	Date/Time: 13.12.21 Confirm with EVELYN	Email <input 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\$ 12,225.77	OI REAR ENDED TP		
Loss of Rental (LOR) w/GST	S\$ 1,027.20 (8 days) x \$120			
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 + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ 242.85	1) Claim status: Normal/ Reject Private Settlement		
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ -	3) Survey fee: \$400		
Total:	S\$ 13,497.82	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 13.12.21 Confirm with: EVELYN	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 13,497.82	Name 1: PERFORMANCE MOTORS LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		