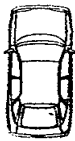


ASSIGNMENTSurveyor: **STEVE**

DOI: _____

Date / Time : **29/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBH 6064K**

Claim No. : _____

Name of Insured : **TAN HOE GUAN**Policy No. : **Z21VC05008007**

Insured Tel No. : _____ HP: _____

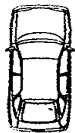
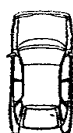
Make / Model : **KIA K2500 6MT****Excess Sec II :S\$** _____ D.O.A : **28/06/2022 14:00**Place of Accident : **70 CHOA CHU KANG AVE 5 CAR PARK**

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

If **NO**, Driver Name / Age : **VELMURUGAN KUMAR**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMG 6868H**INSRS:
WSP: **PERFORMANCE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMG 6868H - X	STAGE	DATE / PIC
	GBH 6064K - CS/CTI18021685/Uvbn2 ; 28.11.2018	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: P/P	S\$ 21,304.45 (8 days) Reduction: 17 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/01/2023 Confirm with CINDY		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 22,795.76		
Loss of Rental (LOD) w/GST	S\$ 1,027.20 (8 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\$ 2.00		
Medical:	S\$		1) Claim status: Normal/ Reject/Partial Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$400.00
Total:	S\$ 23,824.96	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 23,824.96	Name 1:	Performance Motors Limited
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	