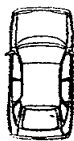


ASSIGNMENTSurveyor: TaufikhDOI: 17/01/2023Date / Time : 16.01.2023Registered in Merimen: 18.01.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 2069Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/01/2023

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

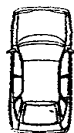
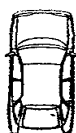
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SNE 718XINSRS:
WSP: Performance
Tel : Motors Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SNE 718X - X</u>	<u>SHD 2069Z - X</u>	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: <u>Part by Part</u>	S\$ <u>1,909.80</u>	(<u>2</u> days) Reduction: <u>52</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>09/05/2023</u>	Confirm with <u>Cindy</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>22</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>2,062.58</u>			
Loss of Rental (LOR):	S\$ <u>200.00</u>	(<u>2</u> days) @ \$100		
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\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$350</u>	
Total:	S\$ <u>2,262.58</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ <u>2,262.58</u>	Name 1: <u>PERFORMANCE MOTORS LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		