15/5/2010

INS. CASE OWNER: CD/CTI24070477/Kma3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : ______

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 4173A | Claim No. :

Name of Insured : | Policy No. :

Insured Tel No. : HP: | Make / Model :

Excess Sec II :S$ D.O.A : | 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**

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
		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)	☐	☐
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 4,400.00 (5 days)	Reduction: 43 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/11/2024	Confirm with Heidi Ang	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost: WITH GST 9%	S$ 4,796.00		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$ 480.00	($80 x 6 days)	
Loss of Income (LOI):	S$	($ 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: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 5,276.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,276.00	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	