

15/5/2010  
 INS. CASE OWNER: CC 4/LPC1802 3 nrc, f h b z LKK: \_\_\_\_\_  
 IDAC: \_\_\_\_\_

Surveyor: KSC DOI: ASSIGNMENT 21/12/18 Date / Time: 27/12/18  
 Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE  
 Insured Vehicle No. : GZ 1136R Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A : 27/12/18 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

SGS 1A76U → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_  
 INSRs: city Anto INSRs: \_\_\_\_\_ INSRs: \_\_\_\_\_ INSRs: \_\_\_\_\_  
 WSP: \_\_\_\_\_ WSP: \_\_\_\_\_ WSP: \_\_\_\_\_ WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_ Liability: \_\_\_\_\_ Liability: \_\_\_\_\_ Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_

| Date/ Time        | STAGE   | DATE / PIC   |
|-------------------|---|--|
| <u>SGS1A76U-X</u> | Non-Reporting ltr (1st):                        |  |
| <u>GZ1136R-X</u>  | Non-Reporting ltr (2nd):                        |  |
|                   | Non-Reporting ltr (Final):                      |  |
|                   | Notification ltr (if non-pickup):               |  |
|                   | Call OI:  |  |
|                   | After call ltr to OI:                           |  |
|                   | <b>Documentation Check List:</b> 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 checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Release Voucher:                                | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Final Repair Bill:                              | <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Medical Bill:                                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | PIR:  | <input type="checkbox"/> <input type="checkbox"/>            |
|                   | Mandate/Reject Instruction:                     | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | LOD   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                   | Payment Breakdown Form:                         | <input type="checkbox"/> <input type="checkbox"/>            |

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Post-Repair Photos:    
 Others:

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: P/P S\$ 3941.42 ( 4 days) Reduction: \_\_\_\_\_ % Email  Call

FINAL SETTLEMENT Date/Time: 13/12/2019 Confirm with: VRONICA Email  Call   
 Final Liability: 100 % 80 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : 80  
 Repair Cost: 4,217.32 S\$ 3,373.86  
 Loss of Rental (LOR): \_\_\_\_\_ S\$ \_\_\_\_\_ ( \_\_\_\_\_ days)  
 Loss of Use (LOU): 600 S\$ 480 (\$120 x 5 days)  
 Loss of Income (LOI): \_\_\_\_\_ S\$ \_\_\_\_\_ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)  
 LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
 GIA/LTA Search \_\_\_\_\_ S\$ 2.00  
 Medical: \_\_\_\_\_ S\$ \_\_\_\_\_  
 Disbursement: \_\_\_\_\_ S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost \_\_\_\_\_ S\$ \_\_\_\_\_  
 1) Claim status: Normal/Reject/Partial/Settle  
 2) Report Format: TP  
 3) Survey fee: \$450  
**Total: 4,819.32 S\$ 3,855.86 Global Sum S\$:**

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call   
 Payee 1: \_\_\_\_\_ S\$ 3,855.86 Name 1: CITY AUTO PTE LTD  
 Payee 2: (Strike if N.A.) \_\_\_\_\_ S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \_\_\_\_\_ S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_

