

15/5/2010

INS. CASE OWNER:

CC6 / CTI1901 1111, Kcb6

LKK:
IDAC:

Surveyor: Kenneth DOI: ASSIGNMENT 21/6/19 Date / Time: 21/6/19
Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SBN 8298H Claim No. :
Name of Insured : Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :SS D.O.A : 16/6/19 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**

SFS 6895P → → → → →



INSRS:
WSP:
Tel :
Liability :
RMKS:

city auto



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SFS 6895P - x</u>	Non-Reporting ltr (1st):	
<u>SBN 8298H - x</u>	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: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: L/S S\$ 2,600.00 (6 days) Reduction: 4,846.96/65 % Email Call

FINAL SETTLEMENT Date/Time: 21/12/2020 Confirm with VRONICA Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :
Repair Cost: (W/GST) S\$ 2,782.00
Loss of Rental (LOR): S\$ (days)
Loss of Use (LOU): S\$ 840.00 (\$ 120 x 7 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) 1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$ 2) Report Format: TP
3) Survey fee: \$400

Total: S\$ 3,624.00 **Global Sum S\$:**

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 3,624.00 Name 1: CITY AUTO PTE LTD
Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3:

