

15/5/2010

INS. CASE OWNER:

CC 4 / AIG190 2416, Q1000

LKK:

IDAC:

Surveyor:

Sun Prn

DOI:

ASSIGNMENT

11/11/19

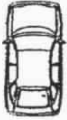
Date / Time :

11/11/19

Registered in Merimen:

11/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SDN 40B

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

11/11/19

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

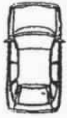
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SUB 4487A



INSRS:

WSP:

Tel :

Liability :

RMKS:

LIR



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | STAGE                                    | DATE / PIC |
|------------|------------------------------------------|------------|
| 11/11/19   | 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:                              |                                             | Confirm by:     |                          |
| FINALIZATION                  | Date/Time:               | Confirm with:                         |                                             |                 |                          |
| Repair Cost: L/SUM            | S\$ 3,350.00             | ( 5 days) Reduction: 49 %             | Email                                       | Call            |                          |
| FINAL SETTLEMENT              | Date/Time: 30.12.2020    | Confirm with: MR SIM                  | Email                                       | Call            |                          |
| Final Liability:              | % 100                    | (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia :                   |                 |                          |
| Repair Cost: w/GST            | S\$ 3,584.50             |                                       |                                             |                 |                          |
| Loss of Rental (LOR):         | S\$                      | ( days)                               |                                             |                 |                          |
| Loss of Use (LOU):            | S\$ 300.00               | (\$ 60 x 5 days)                      |                                             |                 |                          |
| Loss of Income (LOI):         | S\$                      | (\$ x days)                           |                                             |                 |                          |
| LOR only                      | <input type="checkbox"/> | LOU only                              | <input checked="" type="checkbox"/>         | LOR + LOU       | <input type="checkbox"/> |
| GIA/LTA Search                | S\$ 2.00                 | LOR + LO                              | <input type="checkbox"/>                    | [Tick only one] |                          |
| Medical:                      | S\$                      |                                       |                                             |                 |                          |
| Disbursement:                 | S\$                      | (e.g. Tow/ Independent )              | 1) Claim status: Normal/Reject/Private Some |                 |                          |
| Legal Cost                    | S\$                      | 2) Report Format: TP                  |                                             |                 |                          |
| Total:                        | S\$ 3,886.50             | Global Sum S\$:                       | 3) Survey fee: 320.00                       |                 |                          |
| FINAL PAYMENT                 | Date/Time:               | Confirm with:                         | Email                                       | Call            |                          |
| Payee 1:                      | S\$ 3,886.50             | Name 1:                               | LION CITY RENTALS PTE LTD                   |                 |                          |
| Payee 2: (Strike if N.A.)     | S\$                      | Name 2:                               |                                             |                 |                          |
| Payee 3: (Strike if N.A.)     | S\$                      | Name 3:                               |                                             |                 |                          |

