

15/5/2010

INS. CASE OWNER:

CC 4/AIG190

bs3

LKK:

IDAC:

Surveyor:

Sunpin

DOI:

ASSIGNMENT

14/11/19

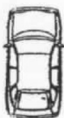
Date / Time :

14/11/19

Registered in Merimen:

14/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 33847

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A : 14/11/19

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

SLN 89214

INSRS:
WSP: WK
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)	<input checked="" type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
30/10/2020	SETTLED AND CLOSED / FILE IN DRAWER	
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	L/S	S\$ 4,800.00	(6 days) Reduction: 42.33 %
FINAL SETTLEMENT		Date/Time: 26/10/2020	Confirm with: S.T.SIM
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	27
Repair Cost:	S\$	5,136.00	
Loss of Rental (LOR):	S\$	(days)	
Loss of Use (LOU):	S\$	640.00 (\$ 80 x 8 days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	2.00	
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	5,778.00	Global Sum S\$: 5,600.00
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	5,600.00	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:

Confirm by: Email ☒ Call ☐Email ☒ Call ☐

If NO or B 28, Ass. Lia :

OI rear-ended TP

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320.00