

INS. CASE OWNER:

Bennie Tan

CC4/AIG20000566/Qea3

LKK:

IDAC:

ASSIGNMENTSurveyor: OI SUN PINDOI: 08/01/2020Date / Time : 08/01/2020Registered in Merimen: 08/01/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC 2123GClaim No. : 1502498549SGName of Insured : PREMIUM AUTOMOBILES PTE LTDPolicy No. : 0999994048

Insured Tel No. : _____ HP: _____

Make / Model : AUDI Q5 SPORT-2.0 TFSI QU S TRONICExcess Sec II :S\$ _____ D.O.A : 04/01/2020Place of Accident : VICTORA STREETIs driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : ANGEL LONG CHIN YINHOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : +65-96869426 (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLQ 3194YINSRS:
WSP: LION CITY
Tel : RENTALS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJC 2123G - CC3/AIG20000415/Esd3; DOA: 04.01.2020	Non-Reporting ltr (1st):	
	SLQ 3194Y - X	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: <u>OSP</u>			
Repair Cost: <u>L/S</u> S\$ <u>3,800.00</u> (<u>3</u> days) Reduction: <u>27</u> % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: <u>10.11.20</u> Confirm with: <u>SIM</u> Email ☐ Call ☐			
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u> If NO or B 28, Ass. Lia :			
Repair Cost: <u>w/GST</u> S\$ <u>4,066.00</u> <u>OID TRAVEL STR ON A LEFT TURNING LANE</u>			
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ <u>180.00</u> (\$ <u>60</u> x <u>3</u> days)			
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>7.45</u>			
Medical: S\$ -			
Disbursement: S\$ - (e.g. Tow/ Independent)			
Legal Cost S\$ -			
Total: S\$ <u>4,253.45</u> Global Sum S\$: _____			
FINAL PAYMENT Date/Time: <u>10.11.20</u> Confirm with: <u>SIM</u> Email ☐ Call ☐			
Payee 1: S\$ <u>4,253.45</u> Name 1: <u>LION CITY RENTALS PTE LTD</u>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			