

INS. CASE OWNER:

ASSIGNMENT

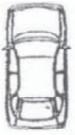
Surveyor: OI SUN PIN

DOI: 14/01/2020

Date / Time : 14/01/2020

Registered in Merimen: 15/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 3237E
 Name of Insured : I LOGISTICS PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 10/01/2020
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : 6906533322SG
 Policy No. : 0999993960
 Make / Model : TOYOTA DYNA 150 MANUAL 3SEATER
 Place of Accident : CTE TOWARDS AIRPORT

If NO, Driver Name / Age : MUHAMMAD HASBULLAH BIN JUMAHAT
 Driver Tel No. : +65-97299240 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % **Final ? Yes / No**

SLQ 5752Z



INSRS:
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
	SLS 7909R - CC6/LCR18020538/Upb3q2; DOA: 10.11.18	
	GBB 3237E - CC4/AIG18019903/Khb3q2; DOA: 29.10.18	
	- CS/UOI14019553/Kvbd1; DOA: 14.10.14	
	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 type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" 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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
05/10/2020	SETTLED AND CLOSED / FILE IN DRAWER	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: L/S	S\$ 11,300.00 (10 days)	Reduction: 42.78 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 02/10/2020	Confirm with: S T SIM		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost: (W/GST)	S\$ 12,091.00			6 veh C.C , OID = 4th car
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 960.00 (\$ 80 x 12 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 + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 7.45			
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)			2) Report Format: TP
Legal Cost	S\$			3) Survey fee: \$320.00
Total:	S\$ 13,058.45	Global Sum S\$: 12,700.00		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time:	Confirm with:		
Payee 1:	S\$ 12,700.00	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:		