

INS. CASE OWNER:

CC4 / AIG 20001206 / QES3

IDAC:

Surveyor:

OSP

DOI:

20/11/2020

Date / Time :

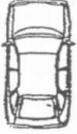
20/11/2020

Registered in Merimen:

20/11/2020

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No. : SMC 52664

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 18/11/2020

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

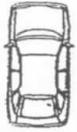
If NO, Driver Name / Age :

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

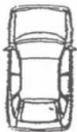
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLL 1193P



INSRS: Lion City
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 1193P : CC4/AXA/2012174/Klea3q2; D.O.A. 21/6/17	Non-Reporting ltr (1st):	
	SMC 52664 : 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)	<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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost:	P/P S\$ 2,982.00 (4 days) Reduction: 27 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 25.08.20 Confirm with SIM	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :14	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 3,190.74	OID MOVE OUT FROM STATIONARY	
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 250.00 (\$ 50 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"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 2.00		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private/Cont.	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 3,442.74 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 25.08.20 Confirm with: SIM	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 3,442.74 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:		