

INS. CASE OWNER:

Bernard Ler

CC4/AIG20001908/Qea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

OI SUN PIN

DOI: 04/02/2020

Date / Time : 04/02/2020

Registered in Merimen: 04/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 6999A
 Name of Insured : WANG QIANG
 Insured Tel No. : 82678007 HP: +65-85866850
 Excess Sec II : S\$ D.O.A : 31/01/2020
 Is driver the owner? (☒ YES / NO) Nature of Accident :

Claim No. : 8216356504SG
 Policy No. : 1800040179
 Make / Model : MERCEDES-BENZ BENZ CLA180 COUPE
 Place of Accident : LEONIE HILL ROAD TURNING INTO RIVER VALLEY ROAD

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

SLM 1174P



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
SLM 1174P - CC4/III18005015/Sea3q2; DOA: 14.03.18	Non-Reporting ltr (1st):	
SLZ 6999A - NA/AIG19014920/h4; DOA: 23.08.19	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: OSP
Repair Cost: L/S \$S 1,200.00 (2 days) Reduction: 61 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 02.11.20 Confirm with 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 1,284.00	OID REAR ENDED TP	
Loss of Rental (LOR): \$S - (days)		
Loss of Use (LOU): \$S 180.00 (\$ 60 x 3 days)		
Loss of Income (LOI): \$S - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$S 2.00		
Medical: \$S -	1) Claim status: Normal/Reject/Private Settlement	
Disbursement: \$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost \$S -	3) Survey fee: \$320	
Total: \$S 1,466.00	Global Sum S\$:	
FINAL PAYMENT Date/Time: 02.11.20 Confirm with SIM	Email ☐ Call ☐	
Payee 1: \$S 1,466.00	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:	