

INS. CASE OWNER:

ASSIGNMENTSurveyor: **KENNETH**DOI: **18/02/2020**Date / Time : **18/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YP 7347Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **15/02/2020 11:00**

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****SMR 3794Z**INSRS:
WSP: **CITY AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMR 3794Z - X	YP 7347Z - X	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
			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:	Confirm by: KSC	
FINALIZATION	Date/Time:	Confirm with:	Email ☐ Call ☐	
Repair Cost: P/P	S\$ 1,651.74	(3 days) Reduction: 27 %		
FINAL SETTLEMENT	Date/Time: 09.10.20	Confirm with: VRONICA	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,767.36	OID REVERSED HIT TP VEHICLE		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 360.00	(\$ 90 x 4 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	
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: \$400	
Total:	S\$ 2,129.36	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 09.10.20	Confirm with: VRONICA	Email ☐ Call ☐	
Payee 1:	S\$ 2,129.36	Name 1: CITY AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		