

INS. CASE OWNER:

CC 4/AIG 2000 4771 / R1d3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

Rasul

DOI:

1/4/2020

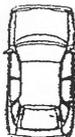
Date / Time :

1/4/2020

Registered in Merimen:

1/4/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 318M

Claim No. : \_\_\_\_\_

Name of Insured : Tan Aik Ma

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 30/3/2020

Place of Accident : \_\_\_\_\_

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

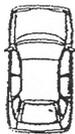
If NO, Driver Name / Age :

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

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

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

SLK4384R →



INSRS:  
WSP: LCR  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLK4384R : X ; SJS 318M : X	Non-Reporting ltr (1st):	
	- Kindly verify the OI's DL.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b> 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 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 type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ 1800.00 ( 3 days) Reduction: 62 %	Email	<input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>23/9/2020</u> Confirm with <u>Sick Tony Sim</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/hrs)	S\$ 1926.00		
Loss of Rental (LOR):	S\$ - ( days)		
Loss of Use (LOU):	S\$ 280.00 (\$ 70 x 4 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: <u>TP</u>	
Legal Cost	S\$ -	3) Survey fee: <u>\$320</u>	
<b>Total:</b>	S\$ 2213.45 <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 2213.45 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:		