

ASSIGNMENT CC4/AIG20005272/Qpa3

Surveyor: SUN PIN

DOI: 17/04/2020

Date / Time : 17/04/2020

Registered in Merimen: 17/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 6929U
 Name of Insured : LAI PEI SHIH
 Insured Tel No. : _____ HP: 98772703
 Excess Sec II :S\$ _____ D.O.A : 15/04/2020

Claim No. : 9738995158SG
 Policy No. : 1900089389
 Make / Model : MITSUBISHI ASX 2.0L
 Place of Accident : ALONG TAMPINES AVE 5

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

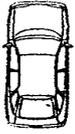
If NO, Driver Name / Age : _____

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

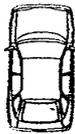
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

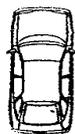
SLH 4305K →



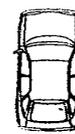
INSRS:
WSP: LION CITY RENTALS
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SLH 4305K - CC4/AIG19017807/Ekb3	04/10/2019
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
<u>19/03/2021</u>	<u>Pls refer to VIEWS for details.</u>	
	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: <u>L/sum</u> S\$ <u>3,200.00</u> (<u>4</u> days) Reduction: <u>44</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>19/03/2021</u>	Confirm with <u>Tristan Farhan</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>3,424.00</u>		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ <u>250.00</u> (\$ <u>50</u> x <u>5</u> 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\$ <u>2.00</u>		
Medical: S\$ _____		1) Claim status: Normal/ Reject/Dispute/Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ _____		3) Survey fee: <u>\$320.00</u>
Total: S\$ <u>3,676.00</u>	Global Sum S\$: <u>3,670.00</u>	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>3,670.00</u>	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: _____	