

ASSIGNMENTSurveyor: **KENNETH**DOI: **26/05/2020**Date / Time : **22/05/2020**Registered in Merimen: **22/05/2020****Pre-assign / CCU / FTE**

Insured Vehicle No. : **EJ 113X**
 Name of Insured : **NEO CHEE CHEN**
 Insured Tel No. : _____ HP: **98534687**
Excess Sec II :S\$ _____ D.O.A : **20/05/2020**

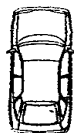
Claim No. : _____
 Policy No. : _____
 Make / Model : **TOYOTA CAMRY-2.0 (A)**
 Place of Accident : **SLIP ROAD FROM BRADDELL ROAD INTO CTE**

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

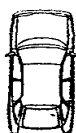
If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NOInsured Liability : _____ % **Final ? Yes / No****SMP 4853R**

INSRS:
WSP: **CITY AUTO**
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	SMP 4853R - X	EJ 113X - 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 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: KSC	
Repair Cost: P/P	S\$ 1,605.90	(3 days) Reduction: 67 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 11.09.20	Confirm with: VRONICA	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,718.31	OI REAR ENDED TP		
Loss of Rental (LOR): w/GST	S\$ 385.20	(3 days) X \$120		
Loss of Use (LOU):	S\$ -	(\$ x 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 Settle	
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: \$320	
Total:	S\$ 2,105.51	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 11.09.20	Confirm with: VRONICA	Email ☐	Call ☐
Payee 1:	S\$ 2,105.51	Name 1: CITY AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		