CC6/CTI20006286/Kka3

15/5/2010

INS. CASE OWNER: CC /AIG1000

LKK:

IDAC:

## ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

**Pre-assign / CCU / FTE**

Insured Vehicle No. : _____ Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

**Excess Sec II :S$** _____ D.O.A : _____ 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**

| | | | |
|---|---|---|---|
| INSRS: | INSRS: | INSRS: | INSRS: |
| WSP: | WSP: | WSP: | WSP: |
| Tel : | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | |
|---|---|
| | ✓ |

| 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:

Repair Cost: P/P S$ 1,050 ( 4 days) Reduction: 100/9 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 16/11/2020 Confirm with VRONICA Email ✓ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 22 | If NO or B 28, Ass. Lia : |
| Repair Cost: (W/GST) | S$ 1,123.50 | |
| Loss of Rental (LOR): | S$ ( days) | |
| Loss of Use (LOU): | S$ 600 ($ 150 x 4 days) | |
| Loss of Income (LOI): | S$ ($ x days) | |
| LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ [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: $ 400 |
| **Total:** | S$ 1,725.50 **Global Sum S$:** 1,725.00 | |

**FINAL PAYMENT** Date/Time: Confirm with: Email ☐ Call ☐

| | | | |
|---|---|---|---|
| Payee 1: | S$ 1,725.00 | Name 1: | CITY AUTO PTE LTD |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |