

INS. CASE OWNER:

CC4 /AIG 2000 6616 / Qes3

LKK:
IDAC:

ASSIGNMENT

Surveyor: OSPDOI: 24/06/2020Date / Time : 24/06/2020Registered in Merimen: 24/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 1145G

Claim No. : _____

Name of Insured : CHENG SING CHIEK, DAVID

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 22/06/2020

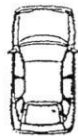
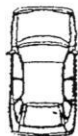
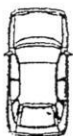
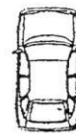
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLE 9223XINSRS:
WSP: LION CITY
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLE 9223X : CC4/AIG16022266/Kha3v2 ; DOA : 19/11/2016 SLU 1145G : 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: <u>OSP</u>	
Repair Cost:	<u>L/S</u> \$S <u>2,800.00</u>	(<u>3</u> days) Reduction: <u>50</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>03.12.20</u>	Confirm with <u>SIM</u>	Email ☐	Call ☐
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>2,996.00</u>	<u>OI REAR ENDED TP</u>		
Loss of Rental (LOR):	\$S -	(_____ days)		
Loss of Use (LOU):	\$S <u>240.00</u>	(\$ <u>60</u> x <u>4</u> days)		
Loss of Income (LOI):	\$S -	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	☒ LOR + LOU ☐	☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S <u>2.00</u>			
Medical:	\$S -		1) Claim status: Normal/ <u>Repay/ Private Settlement</u>	
Disbursement:	\$S -	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S -		3) Survey fee: <u>\$320</u>	
Total:	\$S <u>3,238.00</u>	Global Sum \$S:		
FINAL PAYMENT	Date/Time: <u>03.12.20</u>	Confirm with: <u>SIM</u>	Email ☐	Call ☐
Payee 1:	\$S <u>3,238.00</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:		