

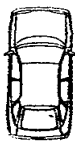
INS. CASE OWNER:

CC4/AIG20007135/Kes3

IDAC:

ASSIGNMENTSurveyor: KENNETH

DOI: _____

Date / Time : 08/07/2020Registered in Merimen: 08/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJL 1283L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/07/2020

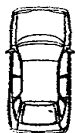
Place of Accident : _____

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**GBH 1604KINSRS:
WSP: **CITY AUTO**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBH 1604K - X	SJL 1283L - 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
			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\$ 4,590.94	(5 days) Reduction:	40 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23.10.20	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\$ 4,912.31	OI REAR ENDED TP		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 540.00	(\$ 90 x 6 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\$ 5,454.31	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 23.10.20	Confirm with: VRONICA	Email ☐	Call ☐
Payee 1:	S\$ 5,454.31	Name 1:	CITY AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		