15/5/2010

INS. CASE OWNER: CC 4 /AIG 2000 9604 / Kes3

LKK:

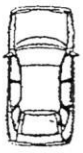
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 08/09/2020 Date / Time : 08/09/2020

Registered in Merimen: 08/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 4264Z Claim No. :

Name of Insured : CAI ZHIBING Policy No. :

Insured Tel No. : HP: Make / Model :

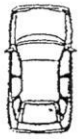
Excess Sec II :S$ D.O.A : 27/08/2020 Place of Accident :

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

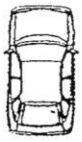
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

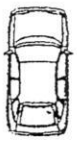
SJY 5924B → → →



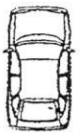
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJY 5924B : CC3/AIG14003121/Rsy3w2 ; DOA : 14/02/2014
	SLL 4264Z : CC3/AIG20009108/Ayf3 ; DOA : 27/08/2020

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: L/S S$ 3,850.00 (3 days) Reduction: 43 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01.06.22 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$ 4,119.50 OID REAR ENDED TP

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 400.00 ($ 100 x 4 days)

Loss of Income (LOI): S$ - ($ x days)

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S$ -

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $320

Total: S$ 4,519.50 **Global Sum S$:**

FINAL PAYMENT Date/Time: 01.06.22 Confirm with: VRONICA Email ☐ Call ☐

Payee 1:	S$ 4,519.50	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	