15/5/2010

INS. CASE OWNER: CC4 /AIG 2000 9902 / Kds3

LKK:

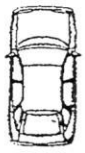
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 16/09/2020 Date / Time : 15/09/2020

Registered in Merimen: 15/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 4503M Claim No. :

Name of Insured : HIEW KOK WAN Policy No. :

Insured Tel No. : HP: Make / Model :

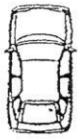
Excess Sec II :S$ D.O.A : 05/09/2020 Place of Accident :

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

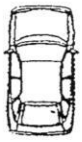
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

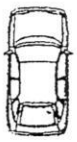
GBJ 3080Y → → →



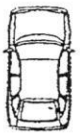
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBJ 3080Y :
	SKW 4503M : NA/AIG20009539/h4 ; DOA : 05/09/2020

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:

Repair Cost: L/SUM S$ 2,250.00 (5 days) Reduction: 58 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/7/2021 Confirm with Vronica Email ☑ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: 2,407.50 S$ 1,203.75

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

Loss of Use (LOU): 360.00 S$ 180.00 ($ 60 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: 320.00

Total: S$ 1,385.75 **Global Sum S$:**

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

Payee 1:	S$ 1,385.75	Name 1:	City Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	