

ASSIGNMENTSurveyor: OSPDOI: 03/11/2020Date / Time : 03/11/2020Registered in Merimen: 03/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLV 6312C

Claim No. : _____

Name of Insured : Ong Yeng Yii Linda

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 30/10/2020

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****SLQ 374P**INSRS:
WSP: LION CITY
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SLQ 374P : X		Non-Reporting ltr (1st):	
	SLV 6312C : NBA/AIG19012500/Y ; DOA : 12/07/2019		Non-Reporting ltr (2nd):	
05/11/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____			Confirm by: _____	
Repair Cost: <u>L/S</u>	S\$ <u>\$3,150.00</u>	(<u>3</u> days) Reduction: <u>\$1,834.75</u> % <u>37</u>	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>12/08/2021</u> Confirm with <u>SIM</u>			Email ☒	Call ☐
Final Liability:	% <u>80</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>3370.50</u>	S\$ <u>2,696.40</u>	<u>W/GST</u>		
Loss of Rental (LOR):	S\$ _____	(_____ days)	AIG'S INSTRUCTION	
Loss of Use (LOU): <u>400</u>	S\$ <u>320.00</u>	(\$ <u>80</u> x <u>5</u> days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ _____		1) Claim status: <u>Normal</u> /Reject/Private Settle	
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>3,018.40</u>	Global Sum S\$: 3,000.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒	Call ☐
Payee 1:	S\$ <u>3,000.00</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: _____		