15/5/2010

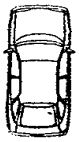
INS. CASE OWNER: ~~CC4/AIG20012053/Kbs3~~ | LKK: | IDAC:

ASSIGNMENT CC4/AIG20012053/Kpa3

Surveyor: Kenneth DOI: 09/11/2020 Date / Time : 04/11/2020

Registered in Merimen: 04/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 3002T Claim No. : 9656918478SG

Name of Insured : Metaquip TC Industrial Policy No. : 0999993949

Insured Tel No. : HP: Make / Model :

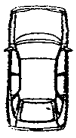
Excess Sec II :S$ D.O.A : 29/10/2020 Place of Accident :

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

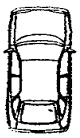
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

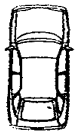
SLJ 6037K → → →



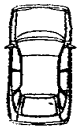
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLJ 6037K : X ; GBK 3002T : X
05/11/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER

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$ 2,350.00 (5 days) Reduction: 68 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/06/2022 Confirm with Vronica Email ☑ Cal ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2,514.50	S$ 1,257.25 w/GST	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU) 600.00	S$ 300.00 ($ 100 x 6 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
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: $320.00
Total:	**S$** 1,564.70 **Global Sum S$:** 1,560.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Cal ☐

Payee 1:	S$ 1,560.00	Name 1:	City Auto Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	