

Surveyor:

OSP

DOI:

ASSIGNMENT
05/11/2020

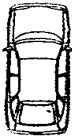
Date / Time :

05/11/2020

Registered in Merimen:

05/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : FBQ 8256M
 Name of Insured : MOHAMMAD NURRAIHAN BIN RAHMAT
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 04/11/2020

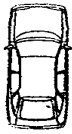
Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : AMK AVE 5 & 6 TWDS YCKIs driver the owner? (☒ YES / NO) Nature of Accident : _____

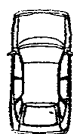
If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SLG 2294B

INSRS:
WSP: LION CITY
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLG 2294B : CC4/DAI18002194/R1pa3q2 ; DOA : 29/01/2018	STAGE DATE / PIC
	FBQ 8256M : CS/AIG20012170/Nqf3 ; DOA : 04/11/2020	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: ☐ ☐
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>\$2,600.00</u> (<u>3</u> days) Reduction: <u>\$3,359.04</u> % <u>51</u>	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>16/04/2021</u> Confirm with <u>TRISTAN</u>	Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>2,782.00</u> <u>W/GST</u>	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</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>2,934.00</u> Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>2,934.00</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: _____	