15/5/2010

INS. CASE OWNER:

CC4/LCR20013027/Kea3

LKK:

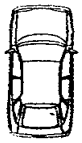
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/11/2020 Date / Time : 25/11/2020

Registered in Merimen: 25/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 9059C Claim No. : 9801950265SG

Name of Insured : LCRF PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model : MAZDA 3-1.5 L 4-DOOR SEDAN SP.6EAT (A)

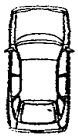
Excess Sec II :S$ D.O.A : 12/02/2019 Place of Accident : ALONG PIE

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

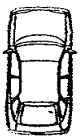
If **NO**, Driver Name / Age : LER CHIN CHYE THOMAS OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

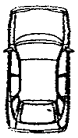
SLL 1368C → → →



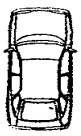
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 1368C - X SLJ 9059C - X	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: P/P S$ 220.00 (1 days) Reduction: 51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10.08.21 Confirm with VRONICA Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 235.40	OID CHARGED FOR CARELESS DRIVING
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 120.00 ($ 60 x 2 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**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: $320
Total:	**S$** 362.85 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 10.08.21 Confirm with: VRONICA Email ☐ Call ☐

Payee 1:	S$ 362.85	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	