

INS. CASE OWNER:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 01/02/2021 Date / Time : 01/02/2021
Registered in Merimen: 01/02/2021

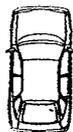
Pre-assign / CCU / FTE



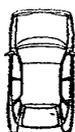
Insured Vehicle No. : SMN 5245A Claim No. : _____
Name of Insured : HUAN SWEE LENG VIVIEN Policy No. : 1900150386
Insured Tel No. : _____ HP: _____ Make / Model : Toyota Corolla
Excess Sec II :\$\$ D.O.A : 22/01/2021 14:54 Place of Accident : JUNCTION OF HOLLAND DRIVE & HOLLAND ROAD
Is driver the owner? (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**

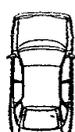
SLC 8225H



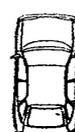
INSRS:
WSP: LION CITY RENTALS
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



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Date/ Time		STAGE	DATE / PIC
	<u>SLC 8225H - CS/FCI16024676/Ggh3n2 ; 25.12.2016</u>	Non-Reporting ltr (1st):	
	<u>SMN 5245A - X</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>04/08/2021</u>	<u>Pls refer to VIEWS for details.</u>	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u> S\$ <u>3,700.00</u> (<u>4</u> days) Reduction: <u>37</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time <u>04/08/2021</u> Confirm with <u>Sim</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>3,959.00</u> S\$ <u>1,979.50</u>			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU) <u>300.00</u> S\$ <u>150.00</u> (\$ <u>60</u> x <u>5</u> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <u>2.00</u>			
Medical: S\$ _____		1) Claim status: Normal/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>2,131.50</u> Global Sum S\$: <u>2,100.00</u>			
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>2,100.00</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: _____			