

ASSIGNMENTSurveyor: OI SUN PINDOI: 17/02/2021Date / Time : 28/04/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YN 7812HClaim No. : 20/21/21/VC05/024222

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 08/02/2021

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****SLF 2998J**INSRS:
WSP: **LION CITY**
Tel : **RENTALS**
Liability: **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	YN 7812H - CC3/AIG15011271/Rua3v2 ; 04/07/2015	STAGE	DATE / PIC
	CC4/LPC21002219/Qba3 ; 08/02/2021	Non-Reporting ltr (1st):	
	CS/LPC19010948/Kqd3e2 ; 18/06/2019	Non-Reporting ltr (2nd):	
	CS3/LPC20007278/Gtf3e2 ; 09/07/2020	Non-Reporting ltr (Final):	
	CS3/LPC20007278/Gtf3e2-1 ; 09/07/2020	Notification ltr (if non-pickup):	
	SLF 2998J - X	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 :	☒ ☐
03/06/2021	SETTLED AND CLOSED / NO PHY FILE	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: L/S	S\$ 1,800.00 (3 days) Reduction: 69.39 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 31/05/2021 Confirm with TRISTAN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 1,926.00		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ 400.00 (\$ 80 x 5 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
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: \$400.00	
Total:	S\$ 2,328.00 Global Sum S\$: 2,300.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 2,300.00 Name 1: LION CITY RENTALS PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		