15/5/2010

INS. CASE OWNER: CC4/LCR17014036/Kea3q2-1

LKK:

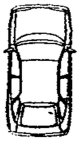
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21/07/2017 Date / Time : 19/07/2021

Registered in Merimen: 19/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 4204P Claim No. : 7123387248SG

Name of Insured : Policy No. : 0999995065

Insured Tel No. : HP: Make / Model :

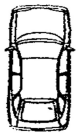
Excess Sec II :S$ D.O.A : 16/07/2017 Place of Accident :

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

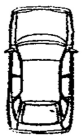
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

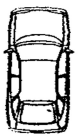
SLC 5363L → → →



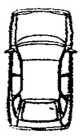
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLC 5363L - CC4/LCR17014036/Kwa3q2; 16.7.2017 SLD 4204P - CC4/LCR17007555/Aeb3q2 ; 15.04.2017	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: L/S S$ 2,250.00 (5 days) Reduction: 58 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14.10.21 Confirm with VRONICA Email ☐ Call ☐

Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: w/GST $2,407.45 S$ 1,203.75

Loss of Rental (LOR): - S$ - (days)

Loss of Use (LOU): $360.00 S$ 180.00 ($ 60 x 6 days)

Loss of Income (LOI): - S$ - ($ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]

GIA/LTA Search - S$ -

Medical: - S$ -

Disbursement: - S$ - (e.g. Tow/ Independent)

Legal Cost - S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: ~~$0~~0 AC1809417

Total: $2,767.50 **S$** 1,383.75 **Global Sum S$:**

FINAL PAYMENT Date/Time: 14.10.21 Confirm with: VRONICA Email ☐ Call ☐

Payee 1:	S$ 1,383.75	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	