15/5/2010

INS. CASE OWNER: CC4/AIG21003546/Kgs3

LKK:

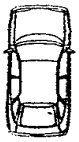
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 18/03/2021 Date / Time : 18/03/2021

Registered in Merimen: 18/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 6117H Claim No. :

Name of Insured : Lim Lit Hong Policy No. :

Insured Tel No. : HP: Make / Model :

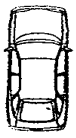
Excess Sec II :S$ D.O.A : 16/03/2021 Place of Accident :

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

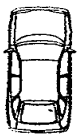
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

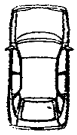
SKL 574S → → →



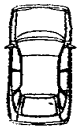
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKL 574S : X ; GBE 6117H : X
24/03/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER

STAGE	DATE / PIC
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:
Repair Cost: L/S	S$ $4,350.00 (9 days)	Reduction: $2,336.74 % 35	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/10/2021	Confirm with VRONICA	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,654.50	W/GST	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 1,500.00 ($ 150 x 10 days)		
Loss of Income (LOI):	S$ ☑ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐	[**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: $320.00
Total:	**S$** 6,156.50	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑	Cal ☐
Payee 1:	S$ 6,156.50	Name 1:	CITY AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		