

INS. CASE OWNER:

Surveyor: KENNETH DOI: ASSIGNMENT 31/03/2021 Date / Time : 30/03/2021
Registered in Merimen: 30/03/2021

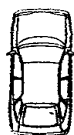
Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 4588T Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 29.03.2021 14:10 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**

SMP 2428Z



INSRS:
WSP: **City Auto Pte Ltd**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|--|---|---|---|
| | SMP 2428Z - X | Non-Reporting ltr (1st): | |
| | SLP 4588T - NBA/AIG19006333/Y ; 10.03.2019 | 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) | <input type="checkbox"/> <input type="checkbox"/> |
| | | After call ltr to OI: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Towing Invoice | <input type="checkbox"/> <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | PIR: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Mandate/Reject Instruction: | <input type="checkbox"/> <input type="checkbox"/> |
| | | LOD | <input type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: | |
| Repair Cost: P/P S\$ 3,281.10 (4 days) Reduction: 29 % | | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT Date/Time: 13/7/2021 Confirm with Vronica | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL | | If NO or B 28, Ass. Lia : | |
| Repair Cost: S\$ 3,510.78 | | | |
| Loss of Rental (LOR): S\$ 520.00 (5 days) x \$104.00 | | | |
| Loss of Use (LOU): S\$ (\$ x days) | | | |
| Loss of Income (LOI): S\$ (\$ x days) | | | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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\$ 4,032.78 | Global Sum S\$: | | |
| FINAL PAYMENT Date/Time: | Confirm with: | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: S\$ 4,032.78 | Name 1: City Auto Pte Ltd | | |
| Payee 2: (Strike if N.A.) S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) S\$ | Name 3: | | |