15/5/2010

INS. CASE OWNER: CC4/AIG21004231/Qga3

LKK:
IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 01.04.2021 Date / Time : 01.04.2021

Registered in Merimen: 01.04.2021

Pre-assign / CCU / FTE

Insured Vehicle No. : GBA 4681D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 30/03/2021 Place of Accident : 29 GOODMAN RD

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**

SLK 8932H → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLK 8932H - NA/FWD20010529/z4 ; 30.09.2020
	GBA 4681D - X
	TPV: HONDA VEZEL (1496cc)
	CLAIMANT: LION CITY RENTALS PTE LTD
06/01/2022	TP GOT NO EVIDENCE TO PROVE OI INVOLVEMENT. REJECTTION EMAIL SEND TP - MR YEW TO CHOP + SIGN

Reject Case
By (staff) : [illegible]
Approved by : [illegible]
Date : 06/01/22

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$ $3,000.00 (3 days) Reduction: $572.00 % 16 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with SIM Email ☑ Call ☐

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 3,210.00	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU): 250.00	S$ ($ x 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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: REJECT
Legal Cost	S$	3) Survey fee: $320.00
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	