

ASSIGNMENTSurveyor: KennethDOI: 21/06/2021Date / Time : 21/06/2021Registered in Merimen: 21/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMU 5421X

Claim No. : _____

Name of Insured : MUHAMMAD KHALIS ADHA BIN AB RAHIM

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 17/06/2021

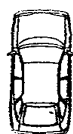
Place of Accident : _____

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**SMJ 8526RINSRS:
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
	SMJ 8526R : X ; SMU 5421X : X		Non-Reporting ltr (1st):	
23/06/2021	OINR *** SENT OUT FIRST NON-REPORTING LETTER		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
27/12/2021	Pls refer to VIEWS for details.		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____			Confirm by: _____	
Repair Cost: P/P	S\$ 1,275.90	(2 days) Reduction: 26 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 27/12/2021 Confirm with Vronica			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,365.21			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 198.00 (\$ 99 x 2 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐	[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\$ 1,565.21	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒ Call ☐	
Payee 1:	S\$ 1,565.21	Name 1: City Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		