

ASSIGNMENTSurveyor: **STEVE**DOI: **21/10/2021**Date / Time : **21/10/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **PZ 880A**Claim No. : **SNM21D205888/C02/PZ880A/TAYHP**

Name of Insured : _____

Policy No. : **DMB1SNW00009042101**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **13/10/2021**

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****SLM 581D**INSRS:
WSP: **LION CITY**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 581D - NBA/CTI21010611/Y ; 13.10.2021	Non-Reporting ltr (1st):	
	PZ 880A - NA/INC09021231/c2 ; 21/09/2009	Non-Reporting ltr (2nd):	
	NBA/CTI21010611/Y ; 13/10/2021	Non-Reporting ltr (Final):	
	NS/INC12014452/H1fn ; 24/07/2012	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: CTY		
Repair Cost: L/S S\$ 2,400.00 (5 days) Reduction: 53 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 21.03.22 Confirm with: JASON Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST S\$ 2,568.00	OID OVERTAKE TP FROM THE RH / TP MAKE A TURN		
Loss of Rental (LOR): S\$ - (_____ days)			
Loss of Use (LOU): S\$ 420.00 (\$ 60 x 7 days)			
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [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: \$400		
Total: S\$ 2,990.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 21.03.22 Confirm with: JASON Email ☐ Call ☐		
Payee 1: S\$ 2,990.00	Name 1: LION CITY RENTALS PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		