

ASSIGNMENTSurveyor: RasulDOI: 19/11/2021

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GX 8227BClaim No. : 21/21/21/VC00/025154

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 14/11/2021

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**SLJ 6458DINSRS:
WSP: LION CITY
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	<u>SLJ 6458D</u>	<u>NA/LPC21011605/V ; 14.11.2021</u>	STAGE	DATE / PIC	
	<u>GX 8227B</u>	<u>CC4/LPC21001646/Apa3; 30/01/2021</u>	Non-Reporting ltr (1st):		
		<u>NA/LPC21001517/r3; 30/01/2021</u>	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:	☐	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
			Others:	☐	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: <u>L/sum</u>	\$S\$ <u>4,500.00</u> (<u>8</u> days) Reduction: <u>55</u> %		Email ☒ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>02/10/2022</u> Confirm with <u>Soon Hoo</u>		Email ☒ Call ☐		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :		
Repair Cost: <u>w/GST</u>	\$S\$ <u>4,815.00</u>				
Loss of Rental (LOR):	\$S\$ (_____ days)				
Loss of Use (LOU):	\$S\$ <u>540.00</u> (\$ <u>60</u> x <u>9</u> days)				
Loss of Income (LOI):	\$S\$ (\$ _____ x _____ days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	\$S\$ <u>2.00</u>				
Medical:	\$S\$		1) Claim status: Normal/ Reject Private Secde		
Disbursement:	\$S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>		
Legal Cost	\$S\$		3) Survey fee: <u>\$400.00</u>		
Total:	\$S\$ <u>5,357.00</u>	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐		
Payee 1:	\$S\$ <u>5,357.00</u>	Name 1: <u>LION CITY RENTALS PTE LTD</u>			
Payee 2: (Strike if N.A.)	\$S\$	Name 2:			
Payee 3: (Strike if N.A.)	\$S\$	Name 3:			