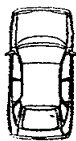


ASSIGNMENT

Surveyor: Rasul DOI: 19/11/2021 Date / Time : 16/11/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GX 8227B
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$ _____ D.O.A : 14/11/2021

Claim No. : 21/21/21/VC00/025154
Policy No. : Z/21/VC00/110473
Make / Model : _____
Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

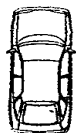
If NO, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

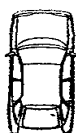
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SLJ 6458D →



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
	<u>SLJ 6458D</u>	<u>NA/LPC21011605/V ; 14.11.2021</u>	Non-Reporting ltr (1st):	
	<u>GX 8227B</u>	<u>CC4/LPC21001646/Apa3; 30/01/2021</u>	Non-Reporting ltr (2nd):	
		<u>NA/LPC21001517/r3; 30/01/2021</u>	Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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: <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 Settlement
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:	