15/5/2010

INS. CASE OWNER: CC6/CTI22000963/Kpa3q2

LKK:

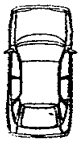
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 27/01/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 3474R Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

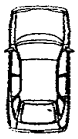
Excess Sec II :S$ _____ D.O.A : 25/01/2022 Place of Accident : _____

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

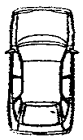
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

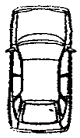
PC1889R → _____ → _____ → _____



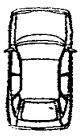
INSRS:
WSP: CITY AUTO
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	PC 1889R		Non-Reporting ltr (1st):	
	PC 3474R NBA/CTI22000893/T ; 25.01.2022		Non-Reporting ltr (2nd):	
	- NBA/CTI21000418/Y ; 08.01.2022		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: L/SUM	S$ 10,450.00 (21 days) Reduction: 59 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/04/2023 Confirm with Vronica		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100
Repair Cost: 7% GST	S$ 11,181.50		
Loss of Rental (LOR):7% GST	S$ 1,391.00 (13 days) X $100.00		
Loss of Use (LOU):	S$ 700.00 ($ 100 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$ 7.45		
Medical:	S$ 786.25		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 14,066.20	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑	Call ☐
Payee 1:	S$ 14,066.20	Name 1:	City Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		