15/5/2010

INS. CASE OWNER:

CC6/CTI22010980/Kpa3

LKK:

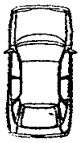
IDAC:

## ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 03.11.2022

Registered in Merimen: _____

**Pre-assign / CCU / FTE**



Insured Vehicle No. : PC 5541S Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

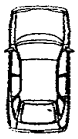
**Excess Sec II :S$** _____ D.O.A : 27.10.2022 19:10 Place of Accident : _____

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

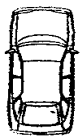
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

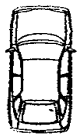
SY 777K → _____ → _____ → _____



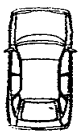
INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| | SY 777K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | |
| | CC4/ASM21000512/Ups3q2 17/05/2021 FBF 7250T SY 777K 24/12/2020 18/05/2021 LSL1 | |
| | PC 5541S - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | |
| | CC4/EQI20005706/R1ea3q2 01/10/2020 SMP 3573E PC 5541S 09/05/2021 05/10/2020 DBR | |
| | | 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: |
| Repair Cost: | S$ ( days) | Reduction: % | Email ☐ Call ☐ |
| **FINAL SETTLEMENT** | Date/Time: | Confirm with | Email ☐ Call ☐ |
| Final Liability: | % (Agreed / Assessed) | BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ | | |
| Loss of Rental (LOR): | S$ ( days) | | |
| Loss of Use (LOU): | S$ ($ x days) | | |
| Loss of Income (LOI): | S$ ($ x days) | | |
| LOR only ☐ LOU only ☐ | LOR + LOU ☐ | LOR + LOI ☐ [**Tick only one**] | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: |
| Legal Cost | S$ | | 3) Survey fee: |
| **Total:** | **S$** | **Global Sum S$:** | |
| **FINAL PAYMENT** | Date/Time: | Confirm with: | Email ☐ Call ☐ |
| Payee 1: | S$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |