(5-5/8)

15/5/2010

INS. CASE OWNER: CC 4/AIG190 10290 / KGh.

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10/6/19.

Registered in Merimen: 11/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SFX 4450G. ✓

Name of Insured : TWIMAK LEASING PTE ✓

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 6/6/19.

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

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

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

(V/L: YES / NO)

GBB 4965E → _____ → _____ → _____

INSRS: Auto Tempro	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBB4965E - X SFX4450G - X
	+ WO OI GIA. Sent out 1st letter.
15/8	OI GIA Report 10.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	04/07/2019
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	01/08/2019
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	/ 30/9/19 telephone

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: 45 S$ 2,950 (6 days) Reduction: 59 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/7/2020 Confirm with Adel Email ✓ Cal ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28. Ass. Lia :
Repair Cost:	S$ 2,950		COD REAR END TP VEH)
Loss of Rental (LOR):	S$ 1,080	(9 days) x $120	
Loss of Use (LOU):	S$ -	(S - x - days)	
Loss of Income (LOI):	S$ -	(S - x - days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ 37.45		
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: $320
Total:	**S$** 4,067.45	**Global Sum S$:** 4,000.00	4) AR fee: $2.54 x 2

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ 4,000.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	