CC4/AIG19011411/Bbb3

15/5/2010

INS. CASE OWNER: CC 4/AIG1901141 / B bb3

LKK:

IDAC:

Surveyor: Mr um.

ASSIGNMENT

DOI: 28/6/19.

Date / Time : 24/6/19

Registered in Merimen: 24/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SMF 7878C

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

D.O.A : 24/6/19.

Nature of Accident :

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

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

(V/L: YES / NO)

SKD 6473A → → →

INSRS: WSP: Tel : Liability : RMKS: Team Autopro.

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Date/ Time	
	SKD 6473A – X SMF 7878C – X
18/05/2021	SETTLED AND CLOSED / FILE IN DRAWER

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 4,700.00 (6 days)	Reduction: 68.11 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/05/2021	Confirm with ADEL	Email ✓ Call ☐
Final Liability:	% 80	(Agreed / Assessed) BOLA S/N No. : NA	If NO or B 28, Ass. Lia :
Repair Cost: 4,700.00	S$ 3,760.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU) 600.00	S$ 480.00 ($100 x 6 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✓	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ 36.45		
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: $320.00
Total:	S$ 4,276.45	**Global Sum S$:** 4,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 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:	