

15/5/2010

LKK:

IDA:

INS. CASE OWNER:

ASSIGNMENT

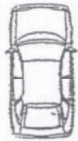
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE:

Insured Vehicle No. : SML 8401 G

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :SS _____ D.O.A: 10/7/19

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

If NO, Driver Name / Age : _____

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

Claim No. : 5800067222SG

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

Insured Liability : _____ % Final ? Yes / No

SGS 822LINSRS:
WSP: Team Autopro
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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)	<input checked="" type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input checked="" type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/>
	Others:	<input checked="" type="checkbox"/>

24/09/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 6,400.00	(6 days)	Reduction: 52.50 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 23/09/2020	Confirm with: ADEL	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	6,400.00			
Loss of Rental (LOR): (W/GST)	S\$	535.00	(5 days)	X \$100.00	OI rear-ended TP
Loss of Use (LOU):	S\$	(\$ x days)			
Loss of Income (LOI):	S\$	(\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]			
GIA/LTA Search	S\$	29.00			
Medical:	S\$		(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$				2) Report Format: TP
Legal Cost	S\$				3) Survey fee: \$320.00
Total:	S\$	6,964.00	Global Sum S\$:		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT		Date/Time:	Confirm with:		
Payee 1:	S\$	6,964.00	Name 1:	TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S\$		Name 2:		
Payee 3: (Strike if N.A.)	S\$		Name 3:		