

15/5/2010

INS. CASE OWNER:

OH Vale
6568804897

CC4/ASM19015948/ B pa3

LKK:

IDAC:

135963

Surveyor:

Mr Lim

DOI:

ASSIGNMENT

31/01/2019

Date / Time : 9/9/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : FBF 9326X

Name of Insured : SEE YEE NAM

Insured Tel No. : HP: +65-91344811

Excess Sec II :S\$

D.O.A : 22/08/2019 19:30

Claim No. : S9M01ZQL

Policy No. : P2060905

Make / Model : YAMAHA FZ 16

Place of Accident : PIE TUAS AFTER ENG NEO FLYOVER

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SMF 7088R

INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMF 7088R - X	FBF 9326X- X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
14/04/2020	PLS SEE VIEWS FOR DETAILS		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/sum	S\$ 5,500.00 (7 days) Reduction: 67 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 14/04/2020 Confirm with: Adel Email ☒ Call ☐				
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 5,500.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 800.00 (\$ 100 x 8 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ 15.00			
Medical:	S\$			
Disbursement:	S\$ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Rebate Settle	
Legal Cost	S\$		2) Report Format: TP	
			3) Survey fee: \$350.00	
Total:	S\$ 6,315.00	Global Sum S\$ 6,300.00		
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐				
Payee 1:	S\$ 6,300.00	Name 1: TEAM AUTOPRO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		