

INS. CASE OWNER: Loh Chee Heng

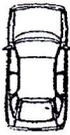
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LKK:  
IDAC:

**ASSIGNMENT**

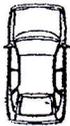
Surveyor: LTG DOI: 14/10/2019 Date / Time : 14/10/2019  
Registered in Merimen: 14/10/2019

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SJM 8971H Claim No. : 3615269933SG  
Name of Insured : AUTO TRUST LEASING PTE LTD Policy No. : 999994248  
Insured Tel No. : \_\_\_\_\_ HP: 64661009 Make / Model : TOYOTA WISH-1.8 (A)  
Excess Sec II :\$ \_\_\_\_\_ D.O.A : 11/10/2019 12:25 Place of Accident : ALONG RACE COURSE ROAD  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
If NO, Driver Name / Age : CHITRAN S/O BALAKRISHNAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : +65-91175455 (V/L: YES / NO ) Insured Liability : \_\_\_\_\_ % Final ? Yes / No

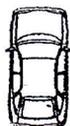
**SKT 7892K**



INSRS:  
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:	<u>28/10/19 - vic</u>
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: L6 S\$ 5750.00 ( 5 days) Reduction: 67 % Email  Call

FINAL SETTLEMENT Date/Time: 06/11/19 Confirm with: ROBL Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26 If NO or B 28, Ass. Lia : (OLD OPEN BOOK)

Repair Cost: S\$ 5,750.00

Loss of Rental (LOR) (w/LOU) S\$ 1,540.80 ( 8 days) x 180.00

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\$ 7.45

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent )

Legal Cost S\$ -

Total: S\$ 7,290.25 Global Sum S\$: 7,290.00

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 7,290.00 Name 1: TEAM AUTOPRO PTE LTD

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -