15/5/2010

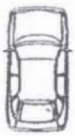
INS. CASE OWNER: SALIHA | CC4/AIG19019264/Bda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MR. LIM DOI: 29/10/2019 Date / Time : 29.10.2019

Registered in Merimen: 31.10.2019 GX

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 2167L Claim No. : 4626102565SG

Name of Insured : CHANG MIN CHIA Policy No. : 2100456670

Insured Tel No. : HP: +65-82236625 Make / Model : AUDI Q3 1.4 TFSI S TRONIC

Excess Sec II :S$ D.O.A : 23/10/2019 08:10 Place of Accident : AYE TOWARDS TUAS ALONG ROAD 1

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLB 2167L → SJK 8708M → SHD 4920C →

INSRS:
WSP:
Tel :
Liability :
RMKS: OI

INSRS:
WSP: Team Auto
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLB 2167L - CC3/AIG19019328/Ayf3; DOA: 23.10.19
	SJK 8708M - X

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: S$ 29,945.04 (21 days) Reduction: 41 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/04/2020 Confirm with Adel Email ✓ Call ☐

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

Repair Cost: S$ 29,945.04 3 veh C.C, OI was last

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 1,890.00 ($ 70 x 27 days)

Loss of Income (LOI): S$ - ($ x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ 36.49

Medical: S$ - 1) Claim status: Normal [redacted]

Disbursement: S$ - (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ - 3) Survey fee: $320

Total: S$ 31,871.53 **Global Sum S$:**

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

Payee 1:	S$ 31,871.53	Name 1:	Team AutoPro Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	