

15/5/2010

INS. CASE OWNER:

CC 4/AIG1901 A027, B 267

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MR LIM.

DOI:

5/11/2019

Date / Time:

4/11/19

Registered in Merimen:

5/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLX 59017

Claim No. :

891184187456

Name of Insured :

ANG KWEE YONG

Policy No. :

1800037019-01

Insured Tel No. :

HP:

Make / Model :

SUBARU

Excess Sec II :S\$

D.O.A :

2/11/19

Place of Accident :

WYANG AIR TRMS TRAMPINES

Is driver the owner? ( YES / NO )

Nature of Accident :

ACC 7

If NO, Driver Name / Age :

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

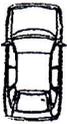
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

599 6609K



INSRS:

WSP:

Tel :

Liability :

RMKS:

Team Autopro



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:	(7/11/2020)
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 45 S\$ 4250.00 ( 5 days) Reduction: 6886.32 % b2. Email  Call

FINAL SETTLEMENT Date/Time: 31/3/2021 Confirm with: ADU Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0

Repair Cost: S\$ 4250.00 (3VEHC; 012NOV64)

Loss of Rental (LOR): S\$ 460.00 ( 0 days) x \$400

Loss of Use (LOU): S\$ (\$ x days)

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

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIA/LTA Search S\$

Medical: S\$

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

Legal Cost S\$

Total: S\$ 5210.00 Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: S\$ 5210.00 Name 1: Team Autopro Pte Ltd.

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

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