

INS. CASE OWNER:

CC4 /AIG1902 0041, B 1/1/19

LKK:  
IDAC:

Surveyor:

MY UM

ASSIGNMENT  
DOI: 12/11/19

Date / Time:

12/11/19

Registered in Merimen:

12/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKT 1272P

Claim No. :

1800050616-01

Name of Insured :

TMU WEL UMNY

Policy No. :

WLS54W

Insured Tel No. :

HP:

Make / Model :

TMU OF WA 120

Excess Sec II :\$S

D.O.A:

10/11/19

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

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

If NO, Driver Name / Age :

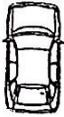
Insured Liability :

% Final ? Yes / No

Driver Tel No. :

(VL: YES / NO)

SJX 8901C



INSRS:

WSP:

Tel:

Liability:

RMKS:

TEAM  
AUTIPRO



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
12/11/19	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: 251019-01C Documentation Check List: Handler Typist	
19/11/2019	Notification ltr (if non-pickup): After call ltr to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice LTA / GI : Medical Bill: PIR: Mandate Reject Instruction: LOD	
27/11/2020	Payment Breakdown Form: Post-Repair Photos: Others:	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Email  Call

Repair Cost: 45 \$S 4,200.00 ( 6 days) Reduction: 10.96 % Email  Call

FINAL SETTLEMENT Date/Time: 24/11/2020 Confirm with: ADFL 27 If NO or B 28, Ass. Lia: (OI REAL-ENDED TP)

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

Repair Cost: \$S 4,200.00  
Loss of Rental (LOR): \$S 600.00 ( 6 days) x \$100.00  
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 36.45 1) Claim status: Normal/Reject/Private Settle

Medical: \$S - 2) Report Format: TP

Disbursement: \$S - (e.g. Tow/Independent) 3) Survey fee: \$320.00

Legal Cost \$S - Total: \$S 4,836.45 Global Sum \$S: 4,830.00 Email  Call

FINAL PAYMENT Date/Time: Confirm with: TEAM AUTIPRO PTE LTD

Payee 1: \$S 4,830.00 Name 1: TEAM AUTIPRO PTE LTD

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

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