15/5/2010

INS. CASE OWNER: CC4/AIG1902 1213 / TK63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 29/11/19

Registered in Merimen: 29/11/19

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBG 3097R	Claim No. :	
Name of Insured :	WING MEE COMPANY	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 29/11/19	Place of Accident :	
Is driver the owner? (YES / NO) [NO circled]	Nature of Accident :		
If **NO**, Driver Name / Age : HO CHOR SHONG		OI GIA REPORT: YES [circled] / NO ; TP GIA REPORT: YES [circled] / NO	
Driver Tel No. :	(V/L: YES [circled] / NO)	Insured Liability : %	**Final ? Yes / No**

SJA 3959R → ______ → ______ ______ → ______

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

Date/ Time		
	SJA3959R – CC4/AIG1901006 / TK63? DOA: 29/11/19	
	GBG3097R – 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: L/S	S$ 4,800.00 (6 days)	Reduction: 10,095.12/68 %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 31/12/2020	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$ 4,800.00		
Loss of Rental (LOR):	S$ 840.00	(7 days) X $120	
Loss of Use (LOU):	S$	($ 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		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320
Total:	**S$** 5,676.45	**Global Sum S$:** 5,676.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,676.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	