s3

15/5/2010

INS. CASE OWNER: CC 4/AIG190 21724, Bel

LKK:

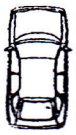
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 9/11/19

Registered in Merimen: 10/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 7208H

Name of Insured : FIRST AUTO LIMOUSINE PTE

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 8/11/19

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

If NO, Driver Name / Age : JOHN MANOHAR ROBIN JOSEPH

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : 9AAAA4051

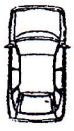
Make / Model : MERCEDES

Place of Accident : FLAMINGO RD

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

Insured Liability : % **Final ? Yes / No**

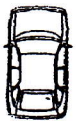
SJP 2047D → → →



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
	SJP 2047D → SMW 7208H →	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
17.12.19	EMAIL WSP LIABILITY CLEAR.	Notification ltr (if non-pickup):	
		Call OI:	ASHER 17.12.19
		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:		

MARKET VALUE: $ 25,000
LTA REBATE : $ 10,889
NETT VALUE : $ 14,111

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
~~Repair Cost~~ N.V	S$ 14,111.00	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.11.20	Confirm with ADEL	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
~~Repair Cost~~ NETT.V	S$ 14,111.00	OLD BEATS THE RED LIGHT	
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ 900.00	($ 60 x 15 days)	
Loss of Income (LOI):	S$ -	($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LO ☐ [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: $320
Total:	S$ 15,047.45	**Global Sum S$:** 15,000.00	

FINAL PAYMENT	Date/Time: 16.11.20	Confirm with: ADEL	Email ☐ Call ☐
Payee 1:	S$ 15,000.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	