

ANG Richard
INS. CASE OWNER: 6880 5450

CC4/ASM20001250/Bpa3

LKK:
IDAC: 157030

ASSIGNMENT

Surveyor: MR. LIM DOI: 21/01/2020 Date / Time : 20/01/2020
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 7557D
Name of Insured : GG WASTE MANAGEMENT PTE LTD
Insured Tel No. : 68370010 HP: _____
Excess Sec II : S\$ _____ D.O.A : 17/01/2020

Claim No. : S0M02DPC
Policy No. : GA523990
Make / Model : _____
Place of Accident : WOODLAND AVE 12 > SLE

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

SKT 8257M



INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKT 8257M - X	XE 7557D - 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:	
16/04/2020	Pls refer to Views for details.		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: _____		Confirm by: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/sum	S\$ 9,900.00 (10 days) Reduction: 62 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/04/2020 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\$ 9,900.00		
Loss of Rental (LOR w/GST)	S\$ 1,605.00 (15 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\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 11,512.45	Global Sum S\$: 11,400.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 11,400.00	Name 1: TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	