15/5/2010

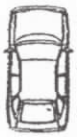
INS. CASE OWNER: CHAN KIAN MENG | CC4/AIG20001957/Bea3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MR .LIM DOI: 04/02/2020 Date / Time : 03/02/2020

Registered in Merimen: 04/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGY 1762M Claim No. : 9196131690SG

Name of Insured : LOW SER LING Policy No. : 1700009596

Insured Tel No. : HP: Make / Model : NISSAN QASHQAI

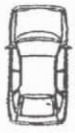
Excess Sec II :S$ D.O.A : 31/01/2020 20:35 Place of Accident : CHOA CHU KANG WAY TOWARDS SUNGEI KADUT AVENUE

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

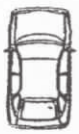
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJD 9924K → → →



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
	SJD 9924K - NA/INC08023916/p1; DOA: 27/08/2008	Non-Reporting ltr (1st):	
	SGY 1762M - NBA/AIG20001831/YL DOAI 31.01.2020	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: LTG
Repair Cost: L/S	S$ 5,000.00 (7 days) Reduction: 62 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.10.20	Confirm with ADEL	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 5,000.00	3VEH CC OI 2ND	
Loss of Rental (LOR):	S$ 1,000.00 (10 days) x $100		
Loss of Use (LOU):	S$ - ($ 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$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$ 6,007.45**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 16.10.20	Confirm with: ADEL	Email ☐ Call ☐

Payee 1:	S$ 6,007.45	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	