15/5/2010

INS. CASE OWNER: WANG Peter 6880 4393 | CC4/ASM20002700/B pa3 | LKK: IDAC: 160860

ASSIGNMENT

Surveyor: Mr. Lim DOI: 17/02/2020. Date / Time : 18/02/2020

Registered in Merimen: —

X

Pre-assign / CCU / FTE

"VIRTUAL"

Insured Vehicle No. : YN 8800K Claim No. : S0M02GFF

Name of Insured : ISLAND RECOVERY SERVICES Policy No. : P1938491

Insured Tel No. : HP: Make / Model : ISUZU NQR75UL5A

Excess Sec II :S$ D.O.A : 15/02/2020 11:57 Place of Accident : PIE SLIP ROAD TO PAYA LEBAR ROAD

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**

SBU 2626Y → → →

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
	SBU 2626Y YN 8800K ~~- NA/INC18005684/z4; DOA : 23.02.2018~~ ~~NBA/AIG20002718/Y; DOA : 15.02.2020~~ ~~- CS3/AXA16005866/b; DOA : 15.03.2016~~	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	OINR.	Notification ltr (if non-pickup):	
		Call OI:	
28/04/2020	Pls refer to Views for details.	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/sum S$ 5,150.00 (5 days) Reduction: 63 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 28/04/2020 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$ 5,150.00		
Loss of Rental (LOR):	S$ 600.00 (6 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:	$350.00
Total:	S$ 5,757.45 **Global Sum S$:** 5,750.00		

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 5,750.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	