

INS. CASE OWNER:

CC 4 / ALG 2000 3454 / B es3

LKK:

IDAC:

Surveyor:

LTG

DOI:

ASSIGNMENT

28/2/2020

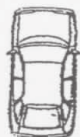
Date / Time :

28/2/2020

Registered in Merimen:

3/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 2433C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS

D.O.A : 28/2/2020

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

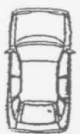
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SmG 5843K



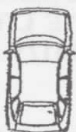
INSRS:

WSP: Team Autopro

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SmG 5843K : X ; SKL 2433C : 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: LTG

Repair Cost: L/S S\$ 4,350.00 (4 days) Reduction: 67 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 16.09.20

Confirm with ADEL

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 1 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 4,350.00

OID EXIT FROM SLIP ROAD HIT TP

Loss of Rental (LOR)w/GST S\$ 898.80 (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\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/Reject/Partial Settlement

2) Report Format: TP

3) Survey fee: \$320

Total: S\$ 5,285.25

Global Sum S\$:

FINAL PAYMENT

Date/Time: 16.09.20

Confirm with: ADEL

Email ☐ Call ☐

Payee 1: S\$ 5,285.25

Name 1: TEAM AUTOPRO PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: