15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450 | CC4/ASM20003566/Bpa3 | LKK: IDAC: 163093

ASSIGNMENT

Surveyor: MR . LIM DOI: 4/3/2020 Date / Time : 04/03/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SCM 7602M Claim No. : S0M02HU3

Name of Insured : FONG CHEE MOON Policy No. : GA291616

Insured Tel No. : HP: Make / Model : MERCEDES CLA180

Excess Sec II :S$ D.O.A : 29/02/2020 23:15 Place of Accident : TAMPINES ROAD TOWARDS KPE (NEAR HOUGANG AVE 7)

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**

SLL 1698A → → →

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
	SLL 1698A - X SCM 7602M - X	Non-Reporting ltr (1st):	
5/3/2020 –	OINR. To send out first letter. File pass to Su Li.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
21/07/2020	PIs 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$ 1,950.00 (4 days) Reduction: 70 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 21/07/2020	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$ 1,950.00		
Loss of Rental (LOR):	S$ 840.00 (6 days) x $140.00		
Loss of Use (LOU):	S$ ($ 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$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 2,797.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,797.45	Name 1: Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	