15/5/2010

DIS. CASE OWNER: CC 4 / AIG 2000 3818 / B 053

LKK:

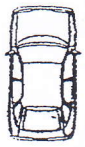
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10/3/2020

Registered in Merimen: 10/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGH8080R

Name of Insured : Chu Li Fuen

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 3/3/2020

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

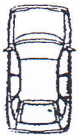
Nature of Accident : _____

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

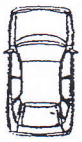
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SMF539C → _____ → _____ → _____

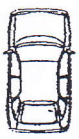


INSRS:
WSP: Team AutoPro
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMF539C (NBA/AIG2000 3818/4 ; DOA: 3/3/2020 SGH8080R)
	- Kindly verify the OID'S DL.
4	OI DISPUTE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	✓ EMAIL 20.3.20.
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$ 3,850.00 (3 days) Reduction: 58 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08.04.21 Confirm with ADEL Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : B6	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,119.50	OI EXIT ROUND ABOUT FROM INNER LANE.
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 600.00 ($ 100 x 6 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 22.45	
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: $320
Total:	**S$ 4,741.95** **Global Sum S$:**	

FINAL PAYMENT Date/Time: 08.04.21 Confirm with: ADEL Email ☐ Call ☐

Payee 1:	S$ 4,741.95	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	