			LKK:
INS. CASE OWNER:	CHAN KIAN MENG	CC4/AIG20004155/Bda3	IDAC:

ASSIGNMENT
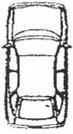
Surveyor: **MR . LIM** DOI: 17/03/2020 Date / Time : **16/03/2020**
Registered in Merimen: 17/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SML 1459L** X
Name of Insured : **TONG CHIN YONG**
Insured Tel No. : HP: 96219253
Excess Sec II :S$ D.O.A : 31/07/2019 17:45

Claim No. : 9949486287SG
Policy No. : 1900083469
Make / Model : MITSUBISHI OUTLANDER-2.0 (A)
Place of Accident : TUAS AVE 9
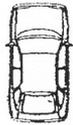
Is driver the owner? ((YES) / NO) Nature of Accident :

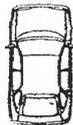If **NO**, Driver Name / Age : OI GIA REPORT: (YES) NO ; TP GIA REPORT (YES) NO
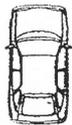Driver Tel No. : (V/L: (YES) NO) Insured Liability : % **Final ? Yes / No**
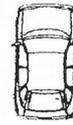
PA 7448B → → →

INSRS:
WSP: **TEAM**
Tel : **AUTOPRO**
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PA 7448B - NA/INC11021228/w1s2; DOA : 17.10.11 SML 1459L - 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:
Repair Cost: S$ 5550.00 (8 days) Reduction: 5% % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22/9/2020 Confirm with Ade Email ✓ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 4(a) If NO or B 28, Ass. Lia :
Repair Cost: S$ 5550.00
Loss of Rental (LOR): S$ 1200.00 (8 days) x $150
Loss of Use (LOU): S$ 200.00 ($100 x 2 days)
Loss of Income (LOI): S$ — ($ x days)
LOR only ☐ LOU only ☐ LOR + LOU ✓ LOR + LOI ☐ **[Tick only one]**
GIA/LTA Search S$ 29.00
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: $320
Total: S$ 6979.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐
Payee 1: S$ 6979.00 Name 1: Team Autopro Pte Ltd
Payee 2: (Strike if N.A.) S$ Name 2:
Payee 3: (Strike if N.A.) S$ Name 3: