

15/5/2010

CC4/FWD20004379/ B pa3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

DOI: 23/03/2020

Date / Time :

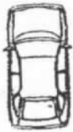
23/03/2020

Surveyor:

TG LIM

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 6942Y

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A : 21/03/2020

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

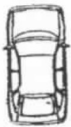
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SMG 5144U

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

Date/ Time	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:	☐ ☐
16/07/2020	SMG 5144U - X	
	SLJ 6942Y - X	
	Pls refer to VIEWS for details.	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:		Confirm with:	Email ☐ Call ☐
Repair Cost: L/sum	S\$ 13,800.00	(9 days) Reduction: 53 %		Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 16/07/2020	Confirm with: Adel		If NO or B 28, Ass. Lia :
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 5		
Repair Cost:	S\$ 13,800.00			
Loss of Rental (LOR):	S\$ 1,760.00	(11 days) X \$160.00		
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			1) Claim status: Normal/Reject/Private Settle
Medical:	S\$	(e.g. Tow/ Independent)		2) Report Format: TP
Disbursement:	S\$			3) Survey fee: \$500.00
Legal Cost	S\$			
Total:	S\$ 15,567.45	Global Sum S\$: 15,500.00		Email ☒ Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:		
Payee 1:	S\$ 15,500.00	Name 1: Team Autopro Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		