15/5/2010

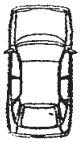
INS. CASE OWNER: BENNIE TAN | CC4/AIG20004951/Bpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MR. LIM DOI: 08/04/2020 Date / Time : 06/04/2020

Registered in Merimen: 06/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 9412A Claim No. : 8803860196SG

Name of Insured : ANGELA YEO LIE SIA (YANG LIXIA) Policy No. : 1800141207

Insured Tel No. : HP: Make / Model : MAZDA 3 1.5 SKYACTIV

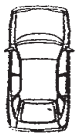
Excess Sec II :S$ D.O.A : 05/04/2020 14:05 Place of Accident : BUKIT BATOK WEST AVENUE 9 CAR PA

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

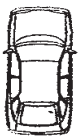
If **NO**, Driver Name / Age : CHIN CHUN PENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

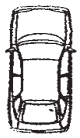
GBG 9165M → → →



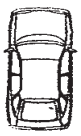
INSRS:
WSP: TEAM AUTOPRO
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBG 9165M - X SMF 9412A - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
10/12/2021	Pls refer to VIEWS for details.	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: L/sum	S$ 6,100.00 (7 days)	Reduction: 60 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/12/2021	Confirm with Adel	Email ☑ Call ☐
Final Liability:	% 60 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 6,527.00 w/GST	S$ 3,916.20 w/GST		
Loss of Rental (LOR): 684.80 w/GST	S$ 410.88 (8 days)	x $80.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 36.45		
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: $320.00
Total:	**S$** 4,363.53	**Global Sum S$:** 4,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 4,200.00	Name 1:	Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		