15/5/2010

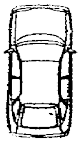
INS. CASE OWNER: NORSIAH | ~~CC4/AIG20005009/Bka3~~ | LKK: IDAC:

ASSIGNMENT CC4/AIG20005009/Bpa3

Surveyor: LIM T G DOI: _____ Date / Time : 06/04/2020

Registered in Merimen: 07/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCV 816L | Claim No. : 3961732513SG

Name of Insured : ENG WANG MOI | Policy No. : 2100496456

Insured Tel No. : +65-97836801 HP: _____ | Make / Model : NISSAN QASHQAI-2.0 CVT ABS D/AIRBAG

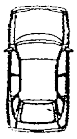
Excess Sec II :S$ _____ D.O.A : 17/03/2020 | Place of Accident : NUH ROUNDBOUT NEAR ORAL HEALTH ~~CENTRE~~

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

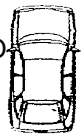
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

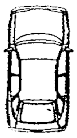
SMC 1590L → _____ → _____ → _____



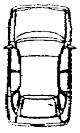
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 1590L - X SCV 816L - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
29/12/2020	Pls 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$ 4,750.00 (6 days) Reduction: 53 % Email ✓ Call

FINAL SETTLEMENT Date/Time: 29.12.2020 Confirm with Adel Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,750.00	
Loss of Rental (LOR): W/GST	S$ 513.60 (4 days) x $120.00	
Loss of Use (LOU):	S$ 180.00 ($60 x 3 days)	
Loss of Income (LOI):	S$ ($ 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: $320.00
Total:	**S$** 5,472.60 **Global Sum S$:** 5,470.00	

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call

Payee 1:	S$ 5,470.00	Name 1:	Team Autopro Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	