LKK:	
IDAC:	

INS. CASE OWNER: SALIHA | CC4/AIG20005013/Bga3

ASSIGNMENT

Surveyor: LIM T G **DOI:** 08/04/2020 **Date / Time :** 07/04/2020

Registered in Merimen: 07/04/2020

Pre-assign / CCU / FTE

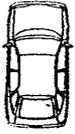|	
Insured Vehicle No. : ED 47K	Claim No. : 1415459554SG
Name of Insured : LEONG JIN CHIEW	Policy No. : 1800041906
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 06/04/2020	Place of Accident : HOUGANG STREET 1
Is driver the owner? (YES / NO) Nature of Accident :	

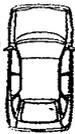If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

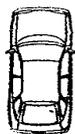Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SML 3788Z ⟶ ___ ⟶ ___ ___ ⟶ ___

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

Date/ Time	SML 3788Z - X		STAGE	DATE / PIC
	ED 47K - CS/AXA14016762/Rvbu2	01/09/2014	Non-Reporting ltr (1st):	
	NA/AIG14009901/e1	26/05/2014	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: P/P S$ $11,664.88 (9 days) Reduction: $5,768.32 % 33 ✓ Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/05/2021 Confirm with: ADEL Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9a	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 12,481.42 W/GST	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 780.00 ($ 60 x 13 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$ 90.00 (e.g. Low / Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320.00
Total:	S$ 13,387.87 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 13,387.87	Name 1: TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: