15/5/2010

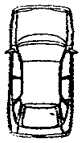
INS. CASE OWNER: LEE MING YAO | CC4/AIG20005014/Bba3 | LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen: 07/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKF 9036B Claim No. : 4135478477SG

Name of Insured : LOW GEK IM Policy No. : 2100307901

Insured Tel No. : HP: Make / Model :

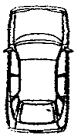
Excess Sec II :S$ D.O.A : 30/03/2020 Place of Accident : 119 ALJUNIED CRESCENT OPEN CARPARK LOT 110

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

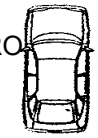
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

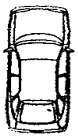
SGS 7761H → → →



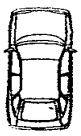
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGS 7761H - CS/CAI12020434/Rqn 18/10/2012	
	SKF 9036B - CS3/AIG15012815/Fqbd1 24/07/2015	
09/04/2020	EMAIL TO OI - OINR	
09/11/2020	SETTLED AND CLOSED / NO PHY FILE	

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: L/S S$ 2,650.00 (5 days) Reduction: 60.50 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 26/10/2020 Confirm with ADEL Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,650.00	
Loss of Rental (LOR):	S$ 280.00 (2 days) X $140.00	OID hit stationary TP
Loss of Use (LOU):	S$ 320.00 ($ 80 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ✓ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$	
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: $320.00
Total:	**S$** 3,250.00 **Global Sum S$:**	

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

Payee 1:	S$ 3,250.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	