15/5/2010

INS. CASE OWNER: Bennie-WZ

CC4/AIG20005645/Bba3q2

LKK:

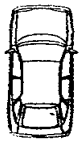
IDAC:

ASSIGNMENT

Surveyor: LIM T G DOI: 11/05/2020 Date / Time : 11/05/2020

Registered in Merimen: 11/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 3266K Claim No. : 1587215759SG

Name of Insured : BAKER'S HEAVEN Policy No. : 1700070991

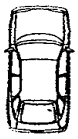
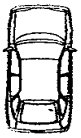
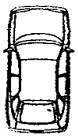
Insured Tel No. : HP: Make / Model : NISSAN NV350 PANEL VAN 2.5 5MT 5DR EURO V

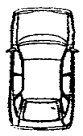
Excess Sec II :S$ D.O.A : 08/05/2020 Place of Accident : WOODLANDS AVE 12

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

If **NO**, Driver Name / Age : MUHD IDZUAN BIN SALLEH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 81240447 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YQ 290T →	GBD 3266K →	GBC 7556G →
		
INSRS:	INSRS:	INSRS:
WSP: TEAM AUTOPRO	WSP:	WSP:
Tel :	Tel :	Tel :
Liability :	Liability :	Liability :
RMKS: TP	RMKS: OI	RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YQ 290T - x	
	GBD 3266K - CC4/AIG20005639/ka3 08/05/2020	
20/08/2020	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$ 10,050.00 (14 days) Reduction: 60.21 % Email ✓ Call

FINAL SETTLEMENT Date/Time: 19/08/2020 Confirm with ADEL Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28j	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 10,050.00	
Loss of Rental (LOR):	S$ 1,980.00 (11 days) x $180.00	3 vehicle c.c , OID side swipe both car.
Loss of Use (LOU):	S$ ($ 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	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 130.00 (e.g. Tow Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320.00
Total:	**S$** 12,167.45 **Global Sum S$:** 12,100.00	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 12,100.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	