

INS. CASE OWNER:

CC4/AIG20005862/Bea3

IDAC:

ASSIGNMENTSurveyor: LIM TG

DOI: _____

Date / Time : 21/05/2020Registered in Merimen: 21/05/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJJ 7117E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 19/05/2020

Place of Accident : _____

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

SJU 6724BINSRS:
WSP: **TEAM**
Tel : **AUTOPRO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJU 6724B - X	Non-Reporting ltr (1st):	
	SJJ 7117E - CC6/AIG17006973/Apb3q2 ; 27/03/2017	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: LTG		
Repair Cost: L/S S\$ 5,400.00 (6 days) Reduction: 64 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 19.02.21 Confirm with ADEL	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 5,778.00		OID MAKE A LEFT TURN AT T JUNCTION HIT TP	
Loss of Rental (LOR): S\$ 1,120.00 (7 days) X \$160			
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\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$320	
Total: S\$ 6,905.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 19.02.21 Confirm with: ADEL	Email ☐ Call ☐	
Payee 1: S\$ 6,905.45	Name 1: TEAM AUTOPRO PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		