

INS. CASE OWNER:

CC 4 / ASM 2000 7269 / Bps3

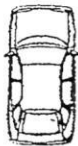
LKK:

IDAC:

## ASSIGNMENT

Surveyor: LTGDOI: 14/07/2020Date / Time : 14/07/2020Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 605P  
 Name of Insured : CHOW JU CHUEN JEFFREY  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$S \_\_\_\_\_ D.O.A : 11/07/2020  
 Is driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

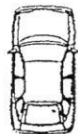
If NO, Driver Name / Age :

Driver Tel No. :

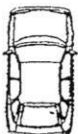
(V/L: ☒ YES / NO )OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

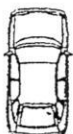
SLM 2946Y



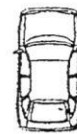
INSRS:  
 WSP: TEAM AUTOPRO  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

| Date/ Time                                                                     | SLM 2946Y : X ; SLN 605P : X                                                                                 | STAGE                                                                   | DATE / PIC                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                |                                                                                                              | Non-Reporting ltr (1st):                                                |                                                   |
|                                                                                |                                                                                                              | Non-Reporting ltr (2nd):                                                |                                                   |
|                                                                                |                                                                                                              | Non-Reporting ltr (Final):                                              |                                                   |
| 06/09/2021                                                                     | Pls refer to VIEWS for details.                                                                              | Notification ltr (if non-pickup):                                       |                                                   |
|                                                                                |                                                                                                              | Call OI:                                                                |                                                   |
|                                                                                |                                                                                                              | After call ltr to OI:                                                   |                                                   |
|                                                                                |                                                                                                              | Documentation Check List:                                               | Handler Typist                                    |
|                                                                                |                                                                                                              | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | After call ltr to OI:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Authorisation To Act:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Release Voucher:                                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Final Repair Bill:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Car Rental Invoice:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Towing Invoice                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | LTA / GIA :                                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Medical Bill:                                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | PIR:                                                                    | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Mandate/Reject Instruction:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | LOD                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Payment Breakdown Form:                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE                                                             | Date/Time: _____ Sent By: _____                                                                              | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                                              | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION                                                                   | Date/Time: _____ Confirm with: _____ Confirm by: _____                                                       |                                                                         |                                                   |
| Repair Cost: L/sum                                                             | \$S 9,200.00 ( 14 days) Reduction: 79 %                                                                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| FINAL SETTLEMENT                                                               | Date/Time: 06/09/2021 Confirm with Adel                                                                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                               | % 80 (Agreed / Assessed) BOLA S/N No. : NIL                                                                  | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: 9,200.00                                                          | \$S 7,360.00                                                                                                 |                                                                         |                                                   |
| w/GST                                                                          |                                                                                                              |                                                                         |                                                   |
| Loss of Rental (LOR): 1,819.00                                                 | \$S 1,455.20 ( 17 days) x \$100.00                                                                           |                                                                         |                                                   |
| Loss of Use (LOU):                                                             | \$S (\$ x days)                                                                                              |                                                                         |                                                   |
| Loss of Income (LOI):                                                          | \$S (\$ x days)                                                                                              |                                                                         |                                                   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]                        |                                                                         |                                                   |
| GIA/LTA Search                                                                 | \$S 36.45                                                                                                    |                                                                         |                                                   |
| Medical:                                                                       | \$S                                                                                                          | 1) Claim status: Normal/Reject/Private Settle                           |                                                   |
| Disbursement:                                                                  | \$S 180.00 (e.g. Tow/ Independent)                                                                           | 2) Report Format: TP                                                    |                                                   |
| Legal Cost                                                                     | \$S                                                                                                          | 3) Survey fee: \$350.00                                                 |                                                   |
| Total:                                                                         | \$S 9,031.65 Global Sum \$S: 9,030.00                                                                        |                                                                         |                                                   |
| FINAL PAYMENT                                                                  | Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                                         |                                                   |
| Payee 1:                                                                       | \$S 9,030.00 Name 1: Team Autopro Pte Ltd                                                                    |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                      | \$S Name 2:                                                                                                  |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                      | \$S Name 3:                                                                                                  |                                                                         |                                                   |