15/5/2010

INS. CASE OWNER: WANG Peter 6880 4393

CC4/ASM20007381/Bba3

LKK:

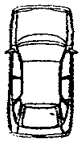
IDAC: 174386

ASSIGNMENT

Surveyor: MR . LIM DOI: Date / Time : 16/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 6116L Claim No. : S0M02QSD

Name of Insured : YEOW CHUI LIN Policy No. : GA181126

Insured Tel No. : HP: Make / Model : MERCEDES ML350

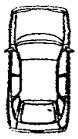
Excess Sec II :S$ D.O.A : 16/07/2020 11:45 Place of Accident :

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

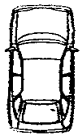
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

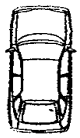
SMQ 9741S → → →



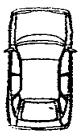
INSRS:
WSP: TEAM
Tel : AUTOPRO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMQ 9741S - X SKM 6116L - X		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 :	☑ / ☐
08/10/2020	SETTLED AND CLOSED / NO PHY FILE		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$ 4,700.00 (6 days)	Reduction: 62.94 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/10/2020	Confirm with ADEL	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,700.00		
Loss of Rental (LOR): (W/GST)	S$ 1,883.20 (8 days)	X $220.00	OID rear-ended TP
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 36.45		
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: $350.00
Total:	S$6,619.65	**Global Sum S$:** 5,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,500.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	