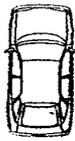|	CC4/AIG20007761/Bka3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: **MR. LIM** DOI: **28/07/2020** Date / Time : **28/07/2020**
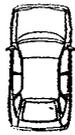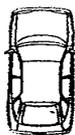
Registered in Merimen: **28/07/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLC 9010D** Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : **27/07/2020 17:20** 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**

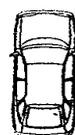**SDY 6269Z** → → → →

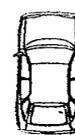| INSRS:	INSRS:		INSRS:	INSRS:
WSP: **TEAM**	WSP:		WSP:	WSP:
Tel : **AUTOPRO**	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time	SDY 6269Z - X	SLC 9010D - X	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:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: ☐ ☐

Others: ☐ ☐

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **REPAIR LIMIT** S$ **5950.00** (**9** days) Reduction: **$11,723.93** % **66** Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **05/03/2021** Confirm with: **ADEL** Email ☑ Call ☐

Final Liability:	% **100**	(Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **0%**
Repair Cost:	S$ **6,366.50**	**W/GST**	
Loss of Rental (LOR):	S$ **1,177.00** (**11** days)	x **$107.00** **W/GST**	
Loss of Use (LOU):	S$ ($ x days)		**C.C (OI 2ND)**
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: **$320.00**
Total:	S$ **7,579.95** **Global Sum S$:**	

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

Payee 1:	S$ **7,579.95**	Name 1:	**TEAM AUTOPRO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	