ASSIGNMENT
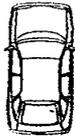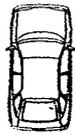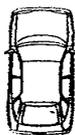
Surveyor: MR. LIM   DOI: 03/08/2020   Date / Time : 31/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

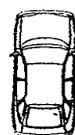|	
Insured Vehicle No. : SKS 5661D	Claim No. : S0M02R7W
Name of Insured : HO YEW LIN	Policy No. : GA496073
Insured Tel No. : HP:	Make / Model : MERCEDES-BENZ E200 AMG LINE-2.0 (A)
Excess Sec II :S$ D.O.A : 24/07/2020 19:00	Place of Accident : PASIR RIS DRIVE 1 AT ESSO STATION

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

OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

If **NO**, Driver Name / Age :

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

SJF 749Z

→ → →

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

Date/ Time	SJF 749Z - X	STAGE	DATE / PIC
	SKS 5661D - NA/AIG17003819/h4 ; 22/02/2017	Non-Reporting ltr (1st):	
	NA/TMI19006538/z4 ; 11/04/2019	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
13/11/2021	Pls refer to VIEWS for details.	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: L/sum   S$ 4,250.00   (5 days) Reduction: 64 %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 13/11/2021   Confirm with: Adel   Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S$ 4,547.50		
Loss of Rental (LOR): w/GST S$ 428.00 (4 days) x $100		
Loss of Use (LOU): S$ ($ x days)		
Loss of Income (LOI): S$ ($ x days)		
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search S$ 29.00		
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: $350.00
Total: S$ 5,004.50 **Global Sum S$:** 5,000.00		

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

Payee 1: S$ 5,000.00	Name 1: Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	