

INS. CASE OWNER:

CC 4 /ASM 2000 8093 / Bps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: LTGDOI: 05/08/2020Date / Time : 05/08/2020Registered in Merimen: ---

Pre-assign / CCU / FTE

Insured Vehicle No. : SML 5139J

Claim No. : _____

Name of Insured : CHIN YONG YEW WILLY

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 03/08/2020

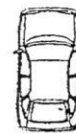
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SJT 9816EINSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJT 9816E : X ; SML 5139J : 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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/sum</u>	\$S <u>6,000.00</u>	(<u>8</u> days) Reduction: <u>60</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Final Liability:	% <u>17/11/2020</u> (Agreed / Assessed) BOLA S/N No. : <u>Adel</u>	If NO or B 28, Ass. Lia :		
Repair Cost:	\$S <u>6,000.00</u>			
Loss of Rental (LOR):	\$S (<u> </u> days)			
Loss of Use (LOU):	\$S <u>540.00</u> (\$ <u>60.00</u> x <u>9</u> days)			
Loss of Income (LOI):	\$S (\$ <u> </u> x <u> </u> days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S <u>29.00</u>			
Medical:	\$S	1) Claim status: Normal/Reject/Private Settlement		
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	\$S	3) Survey fee: <u>\$350.00</u>		
Total:	\$S <u>6,569.00</u>	Global Sum \$S: <u>6,540.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	\$S <u>6,540.00</u>	Name 1:	<u>TEAM AUTOPRO PTE LTD</u>	
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		