15/5/2010

INS. CASE OWNER: CC 4 /ASM 2000 8520 / ps3

LKK:

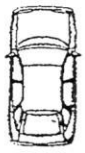
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 4638J

Name of Insured : 001 SUPPLIES

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 14/08/2020

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

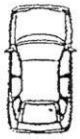
Place of Accident : _____

Nature of Accident : _____

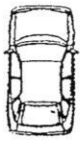
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

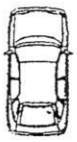
SMD 90P → _____ → _____ → _____



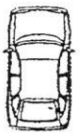
INSRS:
WSP: ETHOZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMD 90P : X ; GBE 4638J : X
23/11/2020	Pls refer to Views for details.

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: L/sum S$ 11,300.00 (7 days) Reduction: 62 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time 23/11/2020 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$ 11,300.00

Loss of Rental (LOR): S$ 1,200.00 (8 days) x $150.00

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$ 7.45

Medical: S$

Disbursement: S$ 180.00 (e.g. Tow/[redacted]nt)

Legal Cost S$

1) Claim status: Normal/~~Reject/Private Sale~~

2) Report Format: TP

3) Survey fee: $350.00

Total: S$ 12,687.45 **Global Sum S$:** 12,680.00

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

Payee 1:	S$ 12,680.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	