

ASSIGNMENT

Surveyor: LTG

DOI: 03/09/2020

Date / Time : 03/09/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 3751J

Claim No. : _____

Name of Insured : YAP CHEONG LIM

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :SS D.O.A:02/09/2020

Place of Accident : _____

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

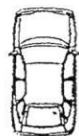
If NO, Driver Name / Age :

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

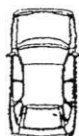
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ? Yes / No

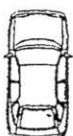
SJP 3590R



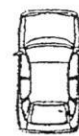
INRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJP 3590R : NBA/AIG20009369/Y ; DOA : 02/09/2020 SMK 3751J :		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call Ol:	
18/12/2020	Pls refer to VIEWS for details.		After call ltr to Ol:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	☐ ☐
			After call ltr to Ol:	☐ ☐
			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\$ 13,600.00 (10 days)	Reduction: 56 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 18/12/2020	Confirm with Adel	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	100
Repair Cost:	S\$ 13,600.00			
Loss of Rental (LOR):	S\$ 1,560.00 (13 days)	x \$120.00		
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\$		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\$ 15,167.45	Global Sum S\$: 15,000.00 (as per AXA mandate)		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 15,000.00	Name 1:	Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		