

INS. CASE OWNER:

CC4 /AIG 2000 9417 / Bgs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: LTGDOI: 04/09/2020Date / Time : 03/09/2020Registered in Merimen: 03/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 5455R

Claim No. : _____

Name of Insured : POPULAR RENT A CAR PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 03/09/2020

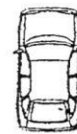
Place of Accident : _____

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

If NO, Driver Name / Age : _____

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

Insured Liability : _____ % Final ? Yes / No

SLU 2336RINSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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/S</u> S\$ <u>2100.00</u> (<u>5</u> days) Reduction: <u>5738.54</u> % <u>73</u>	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: <u>05/04/2021</u> Confirm with <u>ADEL</u>	Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0%</u>	
Repair Cost: S\$ <u>2,247.00</u>		
Loss of Rental (LOR): S\$ <u>700.00</u> (<u>7</u> days) x \$100.00		
Loss of Use (LOU): S\$ <u>100.00</u> (\$ <u>50</u> x <u>2</u> days)		<u>C.C (OI 2ND)</u>
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$	1) Claim status: <u>Normal</u> /Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$	3) Survey fee: <u>\$320.00</u>	
Total: S\$ <u>3,054.45</u> Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ <u>3,054.45</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:		