

ASSIGNMENT

Surveyor: LTG

DOI: 04/11/2020

Date / Time : 03/11/2020

Registered in Merimen: 03/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 1070Y

Claim No. : _____

Name of Insured : LI KAIWEN, KELVIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 31/10/2020

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**

SMQ 8773G



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMQ 8773G : X	STAGE	DATE / PIC
	SJS 1070Y : CS3/AIG14005963/Pa3q2 ; DOA : 29/03/2014	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos: Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: P/P S\$ 18,212.96 (12 days) Reduction: \$15,615.12 % 46 Email Call

FINAL SETTLEMENT Date/Time: 14/06/2021 Confirm with ADEL Email Call
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9a If NO or B 28, Ass. Lia :

Repair Cost: S\$ 19,487.87 W/GST
Loss of Rental (LOR): S\$ 1100.00 (11 days) x \$100.00
Loss of Use (LOU): S\$ 300.00 (\$ 50 x 6 days)
Loss of Income (LOI): S\$ (\$ x days)
LOR only LOU only LOR + LOU LOR + LO [Tick only one]

GIA/LTA Search S\$ 36.45
Medical: S\$
Disbursement: S\$ 109.20 (e.g. Co- / Independent)
Legal Cost S\$
Total: S\$ 21,033.52 **Global Sum S\$:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: S\$ 21,033.52 Name 1: TEAM AUTO PRO PTE LTD

Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3: