15/5/2010

INS. CASE OWNER: ANG Yvonne 6568804461

CC4/ASM20012197/Bba3

LKK:

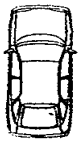
IDAC: 187005

ASSIGNMENT

Surveyor: MR. LIM DOI: 09/11/2020 Date / Time : 06/11/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 7427J

Name of Insured : KAJIO RENTALS

Insured Tel No. : HP:

Excess Sec II :S$ 2,000.00 D.O.A : 22/10/2020 14:00

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

If **NO**, Driver Name / Age : LIM ENG KEE

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

Claim No. : S0M02VXU

Policy No. : P2341060

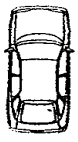
Make / Model : HYUNDAI AD AVANTE-1.6 GLS S (A)

Place of Accident : ALAN BUKIT MERAH RD B4 LOWER DELTA RD JUNCTION

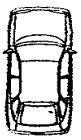
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

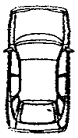
SMF 7088R →



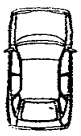
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMF 7088R - CC4/ASM19015948/Bpa3q2 ; 22/08/2019
	NA/INC20002478/h4 ; 11/02/2020
	SMM 7427J - X
04/05/2021	SETTLED AND CLOSED / NO PHY FILE

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/S S$ 4,300.00 (4 days) Reduction: 74.54 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/04/2021 Confirm with ADEL Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 4,601.00	
Loss of Rental (LOR):	S$ 1,440.00 (8 days) x $180.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 29.00	
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: $350.00
Total:	**S$** 6,070.00 **Global Sum S$:** 5,740.00	

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

Payee 1:	S$ 5,740.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	