15/5/2010

INS. CASE OWNER: CC4/ASM20012527/Bps3

LKK:

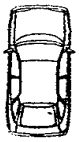
IDAC:

ASSIGNMENT

Surveyor: LTG DOI: 16/11/2020 Date / Time : 13/11/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 1894U Claim No. :

Name of Insured : EE HUI FOOD MANUFACTURE PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

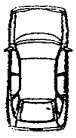
Excess Sec II :S$ D.O.A : 05/11/2020 Place of Accident :

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

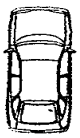
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

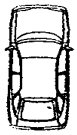
GBC 7460U → → → →



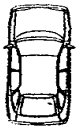
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBC 7460U : X ; YQ 1894U : X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
29/11/2021	Pls refer to VIEWS for details.	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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
~~Repair~~ Cost: NV	S$ 13,285.00 (days) Reduction: %		Email Call
FINAL SETTLEMENT	Date/Time: 29/11/2021	Confirm with Adel	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
~~Repair Cost~~: Total Loss	S$ 13,285.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 1,600.00 ($ 80 x 20 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$		1) Claim status: Norma~~l/Reject/Private Settle~~
Disbursement:	S$ 100.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 15,021.45	**Global Sum S$:** 14,200.00 (As per AXA Mandate)	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Cal
Payee 1:	S$ 14,200.00	Name 1: Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	