15/5/2010

INS. CASE OWNER: CC4/AIG20013122/Bes3

LKK:

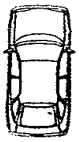
IDAC:

ASSIGNMENT

Surveyor: LTG DOI: 30/11/2020 Date / Time : 27/11/2020

Registered in Merimen: 27/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 6140E Claim No. :

Name of Insured : Liquidaire Technology Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model :

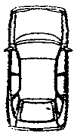
Excess Sec II :S$ D.O.A : 23/09/2020 Place of Accident :

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

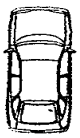
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

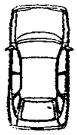
SLW 6757Y → → →



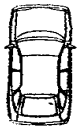
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLW 6757Y : CC4/FCI20003085/Kda3q2 ; DOA : 24/01/2020	**STAGE** **DATE / PIC**
	GBB 6140E : NBA/CTI20010294/Y ; DOA : 23/09/2020	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:
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LTG
Repair Cost: L/S	S$ 5,750.00 (4 days)	Reduction: 75 %	Email Call
FINAL SETTLEMENT	Date/Time: 26.11.21	Confirm with ADEL	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 6,152.50		OID CHARGED FOR CARELESS DRIVING
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 900.00 ($100 x 9 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$ -		
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: $320
Total:	**S$** 7,052.50	**Global Sum S$:** 7,000.00	
FINAL PAYMENT	Date/Time: 26.11.21	Confirm with: ADEL	Email Cal
Payee 1:	S$ 7,000.00	Name 1: TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	