15/5/2010

INS. CASE OWNER: CC4/ASM20013132/Bgs3

LKK:

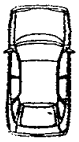
IDAC:

ASSIGNMENT

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

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 7620A Claim No. :

Name of Insured : LEE KAR WAI Policy No. :

Insured Tel No. : HP: Make / Model :

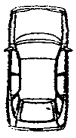
Excess Sec II :S$ D.O.A : 27/11/2020 Place of Accident :

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

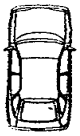
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

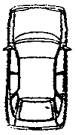
SLF 1303X → → →



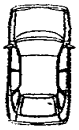
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLF 1303X : X ; SMU 7620A : X
01/12/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL

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$ 6100.00 (8 days) Reduction: $15,752.40 % 72 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/03/2021 Confirm with ADEL Email ☑ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 6,527.00 W/GST	
Loss of Rental (LOR):	S$ 856.00 (8 days) x $107.00 W/GST	
Loss of Use (LOU):	S$ ($ x days)	C.C (OI LAST)
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☑ LOR + LC ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
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: $350.00
Total:	**S$** 7,390.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Cal ☐

Payee 1:	S$7,390.45	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	