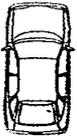


ASSIGNMENT

Surveyor: MR .LIM DOI: 07/01/2021 Date / Time : 06/01/2021
 Registered in Merimen: _____

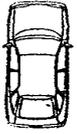
Pre-assign / CCU / FTE



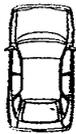
Insured Vehicle No. : YM 6777M Claim No. : 19/20/21/VC05/024096
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 06/01/2021 08:30 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

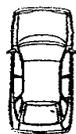
YM 6777M → SMC 4868S → SHC 1580A → _____



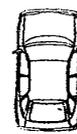
INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 4868S - CS/FC118013452/R1vd3s2 ; 17.07.2018	Non-Reporting ltr (1st):	
	YM 6777M - CC4/LPC20010274/Aps3 ; 19/09/2020	Non-Reporting ltr (2nd):	
	NA/LPC20010204/h4 ; 20/09/2020	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
10/06/2021	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: P/P S\$ 18,264.67 (10 days) Reduction: 51.20 %			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 31/05/2021 Confirm with ADEL			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28			If NO or B 28, Ass. Lia : 100%
Repair Cost: (W/GST) S\$ 19,543.20			
Loss of Rental (LOR):(W/GST) S\$ 1,391.00 (13 days) X \$100.00			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: \$400.00
Total: S\$ 20,941.65 Global Sum S\$: 20,550.00			
FINAL PAYMENT Date/Time:		Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 20,550.00 Name 1: TEAM AUTOPRO PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			