

ASSIGNMENTSurveyor: MR . LIMDOI: 08/02/2021Date / Time : 05/02/2021Registered in Merimen: 08/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKE 348R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 05.02.2021 13:15

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**PC 2078HINSRS:
WSP: Team AutoPro
Tel : Pte Ltd.
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>PC 2078H - CS3/CTI18002771/Wd3e2 ; 11.01.2018</u>	Non-Reporting ltr (1st):	
	<u>SKE 348R - X</u>	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:	☐ ☐
<u>13/08/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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: <u>L/S</u>	S\$ <u>10,750.00</u> (<u>10</u> days) Reduction: <u>63.09</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>11/08/2021</u> Confirm with <u>ADEL</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>11,502.50</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)	<u>OID make ilegal u turn at wrong lane.</u>	
Loss of Use (LOU):	S\$ <u>2,160.00</u> (\$ <u>120</u> x <u>18</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	S\$ <u>200.00</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>13,869.95</u> Global Sum S\$: <u>13,800.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ <u>13,800.00</u> Name 1: <u>TEAM AUTOPRO PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		