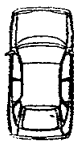


ASSIGNMENTSurveyor: **MR. LIM**DOI: **03/03/2021**Date / Time : **03.03.2021**Registered in Merimen: **03.03.2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMJ 8840H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **02.03.2021 13:00**

Place of Accident : _____

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

If NO, Driver Name / Age :

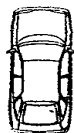
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SJR 6918AINSRS:
WSP: **TEAM**
Tel : **AUTOPRO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SJR 6918A - X	SMJ 8840H - X	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	☐	☐
16/08/2021	SETTLED AND CLOSED / NO PHY FILE		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: L/S	S\$ 5,300.00 (7 days) Reduction: 60.64 %		Email ☒ Call ☐		
FINAL SETTLEMENT	Date/Time: 16/08/2021 Confirm with ADEL		Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :		
Repair Cost: (W/GST)	S\$ 5,671.00				
Loss of Rental (LOR):	S\$ (days)		OI REVERSED		
Loss of Use (LOU):	S\$ 770.00 (\$ 70 x 11 days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [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: \$320.00		
Total:	S\$ 6,448.45	Global Sum S\$: 6,400.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐		
Payee 1:	S\$ 6,400.00	Name 1: TEAM AUTOPRO PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			