

ASSIGNMENTSurveyor: **MR. LIM**

DOI: _____

Date / Time : **23/03/2021**Registered in Merimen: **23/03//2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBF 537M**Claim No. : **2005518814SG**Name of Insured : **YJY DESIGN & BUILD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21/03/2021 15:30**Place of Accident : **CAR PARK OF SEMBAWANG SHOPPING CENTRE LEVEL 4 LOT NUMBER 95**

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****SMT 848L**INSRS:
WSP:
Tel : **TEAM
AUTOPRO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMT 848L - X	GBF 537M - X	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
			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:	
Repair Cost: L/SUM	S\$ 4,600.00 (5 days) Reduction: 66 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 29/4/2021 Confirm with ADEL		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S\$ 4,922.00			
Loss of Rental (LOR):	S\$ 856.00 (8 days) x \$107.00			
Loss of Use (LOU):	S\$ (\$ x 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\$ 5,785.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 5,785.45	Name 1: Team AutoPro Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		