15/5/2010

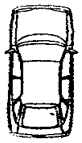
INS. CASE OWNER: JEREMY GOH | CC4/AIG21004151/Bpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MR. LIM DOI: 31.03.2021 Date / Time : 31.03.2021

Registered in Merimen: 31.03.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 3526E Claim No. : 3012746683SG

Name of Insured : LAU GUEK MING Policy No. : 2070161516

Insured Tel No. : HP: Make / Model : KIA CERATO

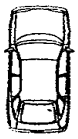
Excess Sec II :S$ D.O.A : 29/03/2021 08:10 Place of Accident : AT TRAFFIC LIGHT JUNCTION OF WOODLANDS AVE 4 & WOODLANDS DR 42

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

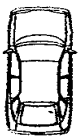
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

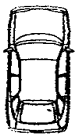
SJR 3149Y →



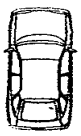
INSRS:
WSP: TEAM AUTOPRO PTE LTD
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJR 3149Y - X	**STAGE** **DATE / PIC**
	SMW 3526E - CC3/AIG21004036/Eqc ; 29.03.2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
12/07/2021	Pls refer to VIEWS for details.	**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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 5,550.00 (8 days) Reduction: 67 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/07/2021	Confirm with Adel	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,938.50		
Loss of Rental (LOR):	S$ 960.00 (8 days) x $120.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 36.45		
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: $320.00
Total:	**S$** 6,934.95	**Global Sum S$:** 6,930.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 6,930.00	Name 1:	Team Autopro Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	