15/5/2010

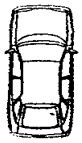
INS. CASE OWNER: SALIHA | CC4/AIG21005192/Bga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MR . LIM DOI: 27/04/2021 Date / Time : 27/04/2021

Registered in Merimen: 27/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 1666S Claim No. : 0667739424SG

Name of Insured : Policy No. :

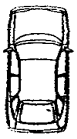
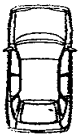
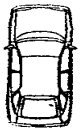
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24.04.2021 11:45 Place of Accident : NICOLL HIGHWAY

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**

GBF 1666S →	SLN 4768B →	SLF 5007A →	GBE 7876T
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: TEAM AUTOPRO	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		
	SLN 4768B - X GBF 1666S - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	CLAIMANT - CHEW SIEW BEE	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	TPV: MB CLA 180 - 1595cc	**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/S	S$ 31,750.00 (21 days) Reduction: 54,094.56 % 63		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/05/2022	Confirm with ADEL	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 33,972.50 W/GST		
Loss of Rental (LOR):	S$ 2,782.00 (26 days) x $107 W/GST		C.C (OI LAST VEH)
Loss of Use (LOU):	S$ ($ 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$ 120.00 (e.g. Toy / Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$** 36,881.95	**Global Sum S$:** 36,850.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 36,850.00	Name 1:	TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		