15/5/2010

INS. CASE OWNER:

CC4/AIG21005264/Bpa3

LKK:

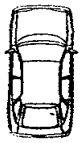
IDAC:

ASSIGNMENT

Surveyor: MR. LIM DOI: 29/04/2021 Date / Time : 28/04/2021

Registered in Merimen: 28/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJR 9699L Claim No. : 6866733041SG

Name of Insured : T THAYALINI Policy No. : 2070110001

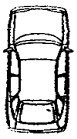
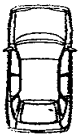
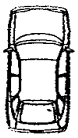
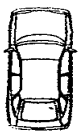
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 26/04/2021 16:30 Place of Accident : TOWARDS BRADDELL BEFORE UPPER SERANGOON ROAD

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

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

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

GBK 8295G →	SJR 9699L →	SJT 1115Y →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: TEAM AUTOPRO	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time		
	SJT 1115Y - X	**STAGE** **DATE / PIC**
	SJR 9699L - CC6/AIG13018418/Kha3q2 ; 29/09/2013	Non-Reporting ltr (1st):
	NBA/AIG21005170/Y ; 26/04/2021	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
16/08/2021	Pls refer to VIEWS for details.	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		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 700.00 (3 days) Reduction: 88 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/08/2021	Confirm with Adel	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S$ 749.00		
Loss of Rental (LOR): w/GST	S$ 321.00 (3 days)	x$100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: $320.00
Total:	**S$** 1,070.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,070.00	Name 1: Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	