

ASSIGNMENTSurveyor: LTGDOI: 31/05/2021Date / Time : 31/05/2021Registered in Merimen: 31/05/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKV 68JClaim No. : 0356584187SGName of Insured : TEO CHOON AIKPolicy No. : 2100424489

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/12/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SMN 2626D**INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMN 2626D : X ; SKV 68J : 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
			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: <u>L/sum</u>	S\$ <u>3,200.00</u>	(<u>3</u> days) Reduction: <u>67</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>28/03/2022</u>	Confirm with <u>Adel</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>3,424.00</u>			
Loss of Rental (LOR) <u>w/GST</u>	S\$ <u>684.80</u>	(<u>4</u> days) x \$160.00		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>4,116.25</u>	Global Sum S\$: 4,110.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>4,110.00</u>	Name 1: <u>Team Autopro Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		