15/5/2010

INS. CASE OWNER: CC4/AIG21007118/Bgs3

LKK:

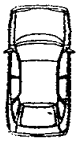
IDAC:

ASSIGNMENT

Surveyor: LTG DOI: 29/06/2021 Date / Time : 29/06/2021

Registered in Merimen: 29/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 380H Claim No. :

Name of Insured : EINDEC SINGAPORE PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

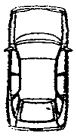
Excess Sec II :S$ D.O.A : 25/06/2021 Place of Accident : SLE

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

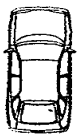
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

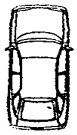
SJK 6204M → → →



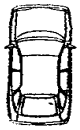
INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJK 6204M : CC3/AXA11019211/H1edk2 ; DOA : 16/09/2011	**STAGE**	**DATE / PIC**
	GBD 380H : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	CLAIMANT - Xia Rong	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
	TPV: H.STREAM - 1799cc	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$ 3,100.00 (4 days)	Reduction: 5,855.60 % 65	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/02/2022	Confirm with ADEL	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,317.00	W/GST	
Loss of Rental (LOR):	S$ (days)		OIV SKID AND COLLIDE ONTO TPV WHO IS
Loss of Use (LOU):	S$ 480.00 ($ 80 x 6 days)	600.00	TRAVELLING ON OI OPP DIRECTION LANE)
Loss of Income (LOI):	S$ ☑ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[**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: $320.00
Total:	**S$** 3,804.45	**Global Sum S$:** 3,800.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 3,800.00	Name 1:	TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		