

ASSIGNMENTSurveyor: LIMDOI: 13/07/2021Date / Time : 12/07/2021Registered in Merimen: 12/07/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMH 5748Y

Claim No. : _____

Name of Insured : ONG JIAN DE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/07/2021 16:50Place of Accident : Woodlands Ave 12, Singapore

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

Beside Mega@Woodland Singapore 737856

If NO, Driver Name / Age :

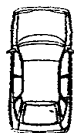
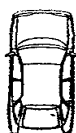
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SMX 2169DSMH 5748YSLJ 7029CINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:OIINSRS: Team
WSP: AutoPro
Tel : Pte Ltd
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	<u>SLJ 7029C - X</u>	<u>SMH 5748Y - X</u>
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
<u>06/09/2021</u>	Call OI:	
	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:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u> S\$ <u>8,150.00</u> (<u>12</u> days) Reduction: <u>67</u> %		Email ☒ Call ☐
FINAL SETTLEMENT Date/Time: <u>06/09/2021</u> Confirm with <u>Adel</u>		Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia : <u>0</u>
Repair Cost: <u>w/GST</u> S\$ <u>8,720.50</u>		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ <u>800.00</u> (\$ <u>50</u> x <u>16</u> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical S\$ <u>21.40</u> <u>Offpeak Car seal fee</u>		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$ _____		2) Report Format: <u>TP</u>
		3) Survey fee: <u>\$320.00</u>
Total: S\$ <u>9,549.35</u>	Global Sum S\$: <u>9,540.00</u>	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ <u>9,540.00</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: _____	