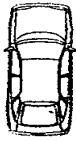


ASSIGNMENTSurveyor: **LIM**

DOI: 13/07/2021

Date / Time : 13/07/2021

Registered in Merimen: 13/07/2021

Pre-assign / CCU / FTEInsured Vehicle No. : **SMV 1018Z**Claim No. : **4600594246SG**Name of Insured : **Leow Poh Hoon (Liao BaoYun)**Policy No. : **2070130974**

Insured Tel No. : _____ HP: _____

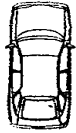
Make / Model : **Mini Cooper**Excess Sec II :S\$ _____ D.O.A : **11/07/2021 01:05**Place of Accident : **29 Jln Pokok Serunai, Singapore 468164**

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

If NO, Driver Name / Age : **Chu Tim Tim**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SDZ 2878L**INSRS:
WSP: **Team AutoPro**
Tel : **Pte Ltd.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SDZ 2878L - NA/AIG13005251/e1 ; 18.03.2013	Non-Reporting ltr (1st):	
	SMV 1018Z - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		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: L/S	S\$ 4250.00 (6 days) Reduction: 9585.23 % 69	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 07/04/2022 Confirm with ADEL	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 11a	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4547.50 W/GST		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 540.00 (\$ 60 x 9 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\$ 160.00 (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 5254.95 Global Sum S\$: 5250.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 5250.00 Name 1: TEAM AUTOPRO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		