

15/5/2010

CC4/ASM21007635/Npa3

LKK:

INS. CASE OWNER:

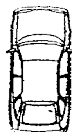
~~CC4/ASM21007635/Nps3~~

IDAC:

## ASSIGNMENT

Surveyor: NazDOI: 14/07/2021Date / Time : 14/07/2021Registered in Merimen: —

## Pre-assign / CCU / FTE

Insured Vehicle No. : SMH 4087CClaim No. : S1M03DKDName of Insured : Pro-Tac Motors Pte LtdPolicy No. : VTX/P2435956

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$ — D.O.A : 09/07/2021

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age : \_\_\_\_\_

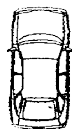
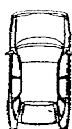
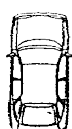
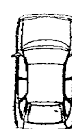
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: ☒ YES / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

## SFP 96T

INSRS:  
WSP: AP AUTOMOTIVE  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SFP 96T : X ; SMH 4087C : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
29/06/2022	Hi Saw Theng, We noted that insured will approach to third party for private settlement. In view of this, please advise if we may proceed to close file and submit WP report to your good office.	After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
02/08/2022	Yes Hsiao Tong, you may proceed to close file. Saw Theng	Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____	
Repair Cost: <u>L/sum</u> S\$ <u>11,700.00</u> ( <u>8</u> days) Reduction: <u>58</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$ ( _____ days)		
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle <u>WP</u>	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$250.00</u>	
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	