15/5/2010

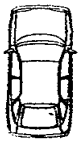
INS. CASE OWNER: JACLYN | CC4/FCI21008315/Bra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MR. LIM DOI: 10/08/2021 Date / Time : 06/08/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SBS 3420C Claim No. : D21002190MFBP

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

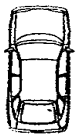
Excess Sec II :S$ D.O.A : 27-07-2021 Place of Accident :

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

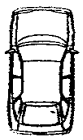
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

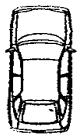
SMC 367Y → → →



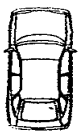
INSRS:
WSP: TEAM AUTOPRO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMC 367Y - CS/AIG21002960/Kvf3n2 ; 23/02/2021	**STAGE** **DATE / PIC**
	NBA/AIG21002602/Y ; 23/02/2021	Non-Reporting ltr (1st):
	NBA/AIG21008015/Y ; 27/07/2021	Non-Reporting ltr (2nd):
	SBS 3420C - CC4/AIG19020954/R1ha3q2 ; 23/11/2019	Non-Reporting ltr (Final):
	CS/EGI19020782/R1td3e2 ; 21/11/2019	Notification ltr (if non-pickup):
	NBA/AIG21008015/Y ; 27/07/2021	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
5/10/2021	PLEASE REFER TO VIEW FOR MORE DETAILS	Notification ltr (if non-pickup)
	*SUBMIT WP AS PER FCI INSTRUCTIONS	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/SUM	S$ 950.00 (3 days) Reduction: 81 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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 ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 210.00
Total:	**S$**	**Global Sum S$:**	$140.00 + $20.00 + $50.00

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	