15/5/2010

INS. CASE OWNER:

CC4/LPC21009009/Bba3

LKK:

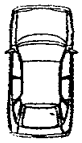
IDAC:

ASSIGNMENT

Surveyor: MR LIM DOI: 30/08/2021 Date / Time : 26/08/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 5196R Claim No. : 21/21/21/VC05/024891

Name of Insured : Policy No. : Z21VC05008201

Insured Tel No. : HP: Make / Model :

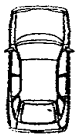
Excess Sec II :S$ D.O.A : 25.08.2021 11:15 Place of Accident :

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

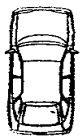
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

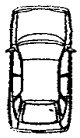
GBC 6181G → → →



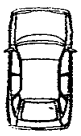
INSRS:
WSP: Team AutoPro Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBC 6181G - X	Non-Reporting ltr (1st):	
	YN 5196R - CS/RSI14012513/Ggbd1 ; 01.07.2014	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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: LTG

Repair Cost: L/S S$ 3,750.00 (5 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17.12.21 Confirm with ADEL Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,012.50	OID CHANGED LANE HIT TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 1,000.00 ($ 100 x 10 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$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $400
Total:	**S$** 5,019.95 **Global Sum S$:** 5,000.00	

FINAL PAYMENT Date/Time: 17.12.21 Confirm with: ADEL Email ☐ Call ☐

Payee 1:	S$ 5,000.00	Name 1:	TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	