

ASSIGNMENTSurveyor: **LIM**DOI: **06/09/2021**Date / Time : **03/09/2021**Registered in Merimen: **03/09/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMR 551C**

Claim No. : _____

Name of Insured : **LIM SER MENG**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **01/09/2021 21:35**Place of Accident : **AMK AVE 3 TOWARDS CTE CITY**

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

If NO, Driver Name / Age : **LIN JIAYANG**

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

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

Insured Liability : % **Final ? Yes / No****SLM 5544D****SMR 551C****SJT 7679Y**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS: **TEAM**
WSP: **AUTOPRO**
Tel : **PTE LTD**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJT 7679Y - CS/EQI12019178/Kqn ; 30/01/2013	STAGE
	CS/ICS17023555/Avbn2 ; 06/12/2017	DATE / PIC
	NS/INC18014271/K1sbn2 ; 05/08/2018	Non-Reporting ltr (1st):
	SMR 551C - NBA/AIG21009258/Y ; 01.09.2021	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 : ☐ ☐
	CLAIMANT: NIRMALJIT KAUR D/O BULWANT SINGH	Medical Bill: ☐ ☐
	TPV; SUZUKI SWIFT - 1586cc	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: LS S\$ \$4,600.00 (7 days) Reduction: \$10,146.09 % 69		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 04/07/2022 Confirm with ADEL		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%
Repair Cost: S\$ 4,922.00 W/GST		
Loss of Rental (LOR): S\$ 1,070.00 (10 days) x \$107.00 W/GST		
Loss of Use (LOU): S\$ (\$ x days)		C.C (OI 2ND)
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: \$320.00
Total: S\$ 5,999.45 Global Sum S\$: 5,950.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 5,950.00	Name 1: TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	