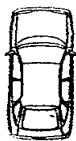


ASSIGNMENTSurveyor: LIMDOI: 07/10/2021Date / Time : 07/10/2021Registered in Merimen: 07/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMQ 2718G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 30.09.2021 08:14

Place of Accident : _____

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

If NO, Driver Name / Age :

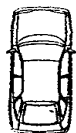
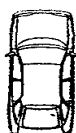
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLR 7845XINSRS: **TEAM**
WSP: **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
	<u>SLR 7845X - CS/UOI21009685/Buf3e2 ; 14.09.2021</u>	Non-Reporting ltr (1st):	
	<u>SMQ 2718G - X</u>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<u>08/02/2022</u>	<u>Pls refer to VIEWS for details.</u>	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: <u>L/sum</u>	S\$ <u>6,050.00</u> (<u>8</u> days) Reduction: <u>55</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>08/02/2022</u> Confirm with <u>Adel</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>6,473.50</u>		
Loss of Rental (LOR): <u>w/GST</u>	S\$ <u>1,155.60</u> (<u>9</u> days) x \$120		
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\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$500.00</u>	
Total:	S\$ <u>7,636.55</u> Global Sum S\$: <u>7,600.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>7,600.00</u> Name 1: <u>Team Autopro Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		