15/5/2010

INS. CASE OWNER:

CC4/AIG21010442/Bpa3

LKK:

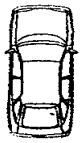
IDAC:

ASSIGNMENT

Surveyor: LIM DOI: 12/10/2021 Date / Time : 11/10/2021

Registered in Merimen: 11/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 9659K Claim No. :

Name of Insured : RICOOL ENGINEERING PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

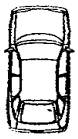
Excess Sec II :S$ D.O.A : 08/10/2021 14:45 Place of Accident : CTE TOWARDS PIE.

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

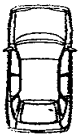
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

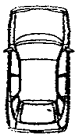
YQ 3625S → → →



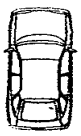
INSRS:
WSP: Team AutoPro Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YQ 3625S - X	**STAGE** **DATE / PIC**
	GBF 9659K - CS/FCI18001374/Uvd3e2 ; 02.01.2018	Non-Reporting ltr (1st):
		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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 13,650.00 (15 days) Reduction: 73 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 26/12/2022	Confirm with ADEL	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28J		If NO or B 28, Ass. Lia : 100
Repair Cost: W/GST	S$ 14,605.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 2,160.00 ($ 120 x 18 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$ 1,800.00 DAMAGED OF GOODS		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$** 18,572.95	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 18,572.95	Name 1: Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	