

INS. CASE OWNER:

CC4/AIG21010927/Bea3

IDAC:

ASSIGNMENTSurveyor: LIMDOI: 26/10/2021Date / Time : 25/10/2021Registered in Merimen: 25/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKS 6548S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 24/10/2021 08:00

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

SMA 4422EINSRS:
WSP: **Team**
Tel : **AutoPro**
Liability : **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKS 6548S - X	Non-Reporting ltr (1st):	
	SMA 4422E - CC4/AIG20009572/Bga3q2 ; 07.08.2020	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: LTG		
Repair Cost: L/S	\$S 13,950.00 (14 days) Reduction: 59%	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 14.02.22 Confirm with ADEL	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 14,926.50	OID MAKE A RIGHT TURN AT CONTROL JUNCTION HIT TP	
Loss of Rental (LOR):	\$S - (_____ days)		
Loss of Use (LOU):	\$S 1,600.00 (\$ 80 x 20 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/Dispute/Settle	
Disbursement:	\$S 64.20 (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$320	
Total:	\$S 16,598.15 Global Sum \$S: 16,590.00		
FINAL PAYMENT	Date/Time: 14.02.22 Confirm with: ADEL	Email ☐ Call ☐	
Payee 1:	\$S 16,590.00 Name 1: TEAM AUTOPRO PTE LTD		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		