

ASSIGNMENTSurveyor: LIMDOI: 08/11/2021Date / Time : 08/11/2021Registered in Merimen: 08/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBK 6721G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 05/11/2021

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**GBB 9452KINSRS:
WSP: TEAM 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
	GBB 9452K - NA/INC16000589/h4 ; 10.01.2016	Non-Reporting ltr (1st):	
	GBK 6721G - X	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\$ 12,250.00 (14 days) Reduction: 70 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 14.07.22 Confirm with ADEL	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost: w/GST	S\$ 13,107.50	4VEH CC OLD LAST	
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 1,520.00 (\$ 80 x 19 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 36.45		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Partial Settlement	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 14,663.95 Global Sum S\$: 14,660.00		
FINAL PAYMENT	Date/Time: 14.07.22 Confirm with: ADEL	Email ☐ Call ☐	
Payee 1:	S\$ 14,660.00 Name 1: TEAM AUTOPRO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		