

ASSIGNMENT

Surveyor: MR LIM

DOI: 29/11/2021

Date / Time : 29/11/2021

Registered in Merimen: 29/11/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SLW 2447T

Claim No. : 6258155216SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/11/2021

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****SMP 1941P**INSRS:
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	SMP 1941P - X	SLW 2447T - X	STAGE	DATE / PIC
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: LTG	
Repair Cost:	P/P S\$ 4,227.28 (7 days) Reduction: 67 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 12.04.22	Confirm with: ADEL	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost:	w/GST S\$ 4,523.19	OID REAR ENDED TP		
Loss of Rental (LOR):w/GST	S\$ 749.00 (7 days) x \$100			
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\$ 7.45			
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settlement		
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ -	3) Survey fee: \$320		
Total:	S\$ 5,279.64	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 12.04.22	Confirm with: ADEL	Email ☐ Call ☐	
Payee 1:	S\$ 5,279.64	Name 1:	TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		