

ASSIGNMENT

Surveyor:

LTG

DOI: 17/02/2022

Date / Time : 27/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 8800K

Claim No. : _____

Name of Insured : ISLAND RECOVERY SERVICES PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/01/2022

Place of Accident : _____

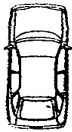
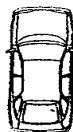
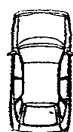
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

YP 7646K

INSRS:
WSP: TEAM AUTOPRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YP 7646K : X	STAGE
	YN 8800K : CC4/ASM20002700/Bpa3q2 ; DOA : 15/02/2020	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/SUM	S\$ 13,050.00 (6 days) Reduction: 77 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/06/2023	Confirm with: ADEL
		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 7%GST	S\$ 13,963.50	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 960.00 (\$ 120 x 8 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ 7.45	
Medical:	S\$	1) Claim status: Normal/ Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$350.00
Total:	S\$ 14,930.95	Global Sum S\$: 14,900.00
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 14,900.00	Name 1: Team Autopro Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: