15/5/2010

INS. CASE OWNER:

CC4/LPC22001963/Bpa3

LKK:

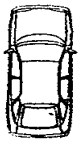
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02/03/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 1477G

Name of Insured : MIGHTY FINE BROS

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 28/02/2022 11:32

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : Z/21/VC05/008524-001

Make / Model : Nissan NV200 DX 1.6 AT ABS AIRBAG 2WD 5DR L

Place of Accident : TRAFFIC LIGHT JUNCTION (WOODLANDS ~~CLOSE TO WOODLANDS AVE 12~~)

Nature of Accident : _____

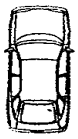
If **NO**, Driver Name / Age : AZELY BIN AZMAN

Driver Tel No. : (V/L: YES / NO)

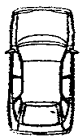
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

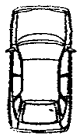
SGG 2459C → _____ → _____ → _____



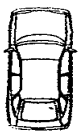
INSRS:
WSP:
Tel : TEAM AUTOPRO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGG 2459C - NBA/MSG20009724/Y ; 09.09.2020	**STAGE** **DATE / PIC**
	GBD 1477G - X	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$ 2,550.00 (6 days) Reduction: 81 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/04/2023 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$ 2,728.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 420.00 ($ 60 x 7 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 Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 3,155.95	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,155.95	Name 1: Team Autopro Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	