

ASSIGNMENT

Surveyor:

LIM

DOI:

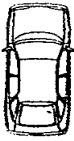
08/03/2022

Date / Time :

07/03/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 4495C

Claim No. : S2M03UYC

Name of Insured : MAISARAH BINTE RAIS

Policy No. : GA214185

Insured Tel No. : HP:

Make / Model : HONDA SHUTTLE

Excess Sec II :S\$

D.O.A : 04/03/2022 12:15

Place of Accident : HAIG ROAD SINGAPORE

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

If NO, Driver Name / Age : ABDUL HAKIM BIN ZAIDI

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

Driver Tel No. :

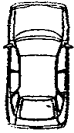
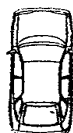
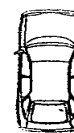
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SNB 8629H

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	SNB 8629H - X	SLP 4495C - 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:	L/S S\$ 4,700.00 (8 days) Reduction: 71 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 25.07.22 Confirm with ADEL	Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 31	If NO or B 28, Ass. Lia :		
Repair Cost:	w/GST S\$ 5,029.00	OID MAKE A RIGHT TURN INTO THE MAIN ROAD HIT TP		
Loss of Rental (LOR):	S\$ 900.00 (9 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 Settle		
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ -	3) Survey fee: \$350		
Total:	S\$ 5,936.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 25.07.22 Confirm with: ADEL	Email ☐ Call ☐		
Payee 1:	S\$ 5,936.45	Name 1:	TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		