15/5/2010

INS. CASE OWNER:

CC6/AIG22003278/Bga3

LKK:

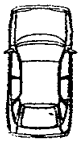
IDAC:

ASSIGNMENT

Surveyor: LIM DOI: 08/04/2022 Date / Time : 07/04/2022

Registered in Merimen: 11/04/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 8030U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

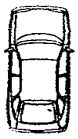
Excess Sec II :S$ D.O.A : 06/04/2022 17:46 Place of Accident : BLK 9006 TAMPINES INDUSTRIAL PARK A CARPARK

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

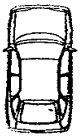
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

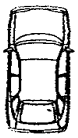
SJS 3999E → → →



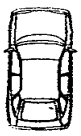
INSRS:
WSP: Team AutoPro Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJS 3999E - X GBH 8030U - 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 :	☐ ☐
	CLAIMANT - TAN LIP HONG	Medical Bill:	☐ ☐
		PIR:	☐ ☐
	TPV: KIA CERATO FORTE - 1591cc	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: LS	S$ $3,300.00 (7 days)	Reduction: $7,570.60 % 70	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/06/2022	Confirm with ADEL	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,531.00	W/GST	
Loss of Rental (LOR):	S$ 1,200.00 (12 days)	x $100.00	(OI REVERSE HIT ONTO TP)
Loss of Use (LOU):	S$ ($ 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: $320.00
Total:	**S$** 4,738.45	**Global Sum S$:** 4,700.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 4,700.00	Name 1:	TEAM AUTOPRO PTE LTD	
Payee 2: (Strike if N.A.)	S$ Type text here	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		