

ASSIGNMENTSurveyor: LIMDOI: 30/05/2022Date / Time : 30.05.2022Registered in Merimen: 30.05.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SKN 7012RClaim No. : 4995680865SG

Name of Insured : _____

Policy No. : 2100378802

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 29.05.2022 11:11

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**SKU 7991CINSRS:
WSP: **TEAM**
Tel : **AUTOPRO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKU 7991C - CS/MSG17012827/T1rbq2 ; 25.06.2017	STAGE	DATE / PIC	
	SKN 7012R - 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: LTG			
Repair Cost: L/S	\$S 5,850.00 (11 days) Reduction: 78 %	Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: 22.08.22 Confirm with ADEL	Email ☐	Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9c	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	\$S 6,206.00	OI TURN OUT OF MINOR ROAD HIT TP		
Loss of Rental (LOR):	\$S 1,320.00 (11 days) x \$120			
Loss of Use (LOU):	\$S 250.00 (\$ 50 x 5 days)			
Loss of Income (LOI):	\$S - (\$ ☒ x days)			
LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	\$S -			
Medical:	\$S -	1) Claim status: Normal/ Reject/Printed Settlement		
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	\$S -	3) Survey fee: \$320		
Total:	\$S 7,776.00 Global Sum \$S: 7,770.00			
FINAL PAYMENT	Date/Time: 22.08.22 Confirm with: ADEL	Email ☐	Call ☐	
Payee 1:	\$S 7,770.00 Name 1: TEAM AUTOPRO PTE LTD			
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____			
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____			