

15/5/2010

INS. CASE OWNER:

CC 4/AIG1800 5598, mbb

LKK: IDAC:

ASSIGNMENT

Surveyor:

DOI:

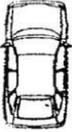
Date / Time:

20/3/18

Registered in Merimen:

20/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEA 853U

Claim No. :

770062496656

Name of Insured :

NAK ROHAN PRAPASH

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

20/3/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

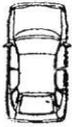
(V/L: YES / NO)

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

Insured Liability : %

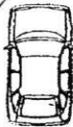
Final ? Yes / No

5661386

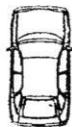


INSRS: WSP: Tel: Liability: RMKS:

Teamwork



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time		STAGE	DATE / PIC
20/3/18	5661386-x	Non-Reporting ltr (1st):	
	SEA 853U-x	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

* - No LOI needed, as OI sold the car.

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS 6000.00	(4 days) Reduction: 75 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 27/03/2020	Confirm with Keith	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/45)	SS 6420.00		
Loss of Rental (LOR):	SS 540.00	(3 days) x \$180	
Loss of Use (LOU):	SS -	(\$ x days)	
Loss of Income (LOI):	SS -	(\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	SS 7.45		
Medical:	SS -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	SS -		3) Survey fee: \$320
Total:	SS 6967.45	Global Sum SS: 6900.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 6900.00	Name 1: Teamwork Garage Pte Ltd	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	