15/5/2010

INS. CASE OWNER: | CC 4/AIG1802 7180/DR67 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Bryan | DOI: 17/12/18 | Date / Time : 16/12/18

Registered in Merimen: 17/12/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJM 5064X		Claim No. : 1694590527[illegible]	
Name of Insured : FRESH CARS [illegible]		Policy No. : 9AAAAY44463	
Insured Tel No. :	HP:	Make / Model : TOYOTA	
Excess Sec II :S$	D.O.A : 17/12/18	Place of Accident : PIE	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : HENRY YANG YEE MENG		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SKT 5775D → → →

INSRS: WSP: Teamwork Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
3/1/19 [illegible]	SKT 5775D } MA/AIG/1807/4686/64 DOA: 17/12/18 SJM5064X } MA/UIP/18/[illegible]	
	To check with OI or TP any Video. Damage at front right bumper need to check for consistency	
07/03/19	[illegible] L/S 7500/- with 6 days [illegible]	

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:
Repair Cost: L/S	S$ 7500.00 (6 days)	Reduction: 62. %	Email ☑ Call ☐
FINAL SETTLEMENT	Date/Time: 29/3/2021	Confirm with Keith	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 37	If NO or B 28, Ass. Lia :
Repair Cost: w/GP	S$ 8025.00	OLD REAR ENDED TP	
Loss of Rental (LOR):	S$ —	(— days)	
Loss of Use (LOU):	S$ 700.00	($100 x 7 days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ☑	LOR + LOU ☐	LOR + LO ☐ **[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: $320.00
Total:	**S$** 8732.45	**Global Sum S$:** 8000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 8000.00	Name 1: Teamwork Garage Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	