

15/5/2010

INS. CASE OWNER:

CC 4/AIG1802

LKK:
IDAC:

Surveyor:

Bryan

DOI:

ASSIGNMENT

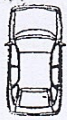
Date / Time :

26/1/18

Registered in Merimen:

27/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJM 5064X

Claim No. :

10945905746

Name of Insured :

FRESH VARS ON

Policy No. :

2222222222

Insured Tel No. :

HP:

Make / Model :

TOYOTA

Excess Sec II :SS

D.O.A :

Place of Accident :

PVE

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Henry Yum 48 years

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

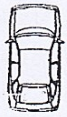
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKT 577ED



INSRS:

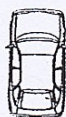
WSP:

Tel :

Liability :

RMKS:

Teamwork



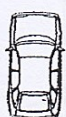
INSRS:

WSP:

Tel :

Liability :

RMKS:



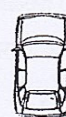
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
2/1/18	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 45	\$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. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 4/67	\$S 8025.00	OLD REPAIR 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 -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 8782.45	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:	