

15/5/2010

INS. CASE OWNER:

CC 4/AIG1900

5129, E Wh3

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

7/7/19

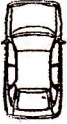
Date / Time:

7/7/19

Registered in Merimen:

7/7/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFA 588K

Claim No.:

74031199054

Name of Insured:

TAN HSIAP LONG

Policy No.:

Insured Tel No.:

HP:

Make / Model:

BMW

Excess Sec II :\$S

D.O.A.:

18/7/19

Place of Accident:

AME AVE 3

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

INSRS:
WSP:
Tel:
Liability:
RMKS:

Teamwork

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

Date/Time

7/7/19 7:40pm
- Spoken to OI. He confirmed the mva.
OI wear ended TP. Informed OI on
TP claim, agreed to settle and
has NCD protector.
- FINISHED
- ORIG. TP LOP IN

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:

UG

S\$ 2100.00

(3 days)

Reduction:

85

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

74

If NO or B 28, Ass. Lia:

COI (RMR-ENDBD TP)

Repair Cost:

(w/6m)

S\$ 2124.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

100.00

(\$20 x 5 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\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$

2,354.45

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

2,354.45

Name 1:

TEAMWORK GARAGE PPS LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-