

15/5/2010

INS. CASE OWNER:

SAUHA

CC 4/AIG1900

A414, 12/11/19

LKK:

IDAC:

Surveyor:

Tantich.

DOI:

ASSIGNMENT

28/1/19.

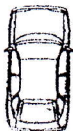
Date / Time:

27/6/19

Registered in Merimen:

28/1/19.

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMH 41B.

Claim No.:

34647882654

Name of Insured:

EON ENH GKEE

Policy No.:

1900010642

Insured Tel No.:

HP:

Make / Model:

MAZDA

Excess Sec II :\$:

D.O.A.:

22/1/19.

Place of Accident:

T-7MVL BTW SEKKINBOON

Is driver the owner?

(YES / NO)

Nature of Accident:

NORTH AVE 3 & AVE 4

If NO, Driver Name / Age:

WA FENNY

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

Driver Tel No.:

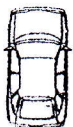
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SGA 211L



INSRS:

WSP:

Tel:

Liability:

RMKS:

Teamwork



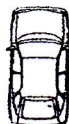
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SGA 211L	Non-Reporting ltr (1st):	
	START 41B	Non-Reporting ltr (2nd):	
	27/1/19 19:00 27/1/19 22/1/19	Non-Reporting ltr (Final):	
	OLD TO PROVE GREEN ARROW ON HPR	Notification ltr (if non-pickup):	
	PAVOUR.	Call OI:	
		After call ltr to OI:	27/6/19 - summary
17/6/19, 10:30am	Called OZD to inform TP claim	Documentation Check List:	Handler Typist
	OLD NO EVIDENCE	Notification ltr (if non-pickup)	☐
	TO PINKETTS COR	After call ltr to OI:	☒
	FINALISED	Authorisation To Act:	☒
	ORIGINAL TP LOD IN	Release Voucher:	☒
07/10/19	TYPE REPORT FOR MANDATE APPROVAL	Final Repair Bill:	☒
	REPORT DONE	Car Rental Invoice:	☒
07/12/19	SEND MANDATE TO MG	Towing Invoice	☐
11/12/19	MG APPROVED MANDATE	LTA / GIA:	☒
12/12/19	SEND 1st OFFER TO TP.	Medical Bill:	☐
	TP ACCEPTED OFFER.	PIR:	☐
	DEL BOOK IN OFFER.	Mandate/Reject Instruction:	☒
	TO CLOSE.	LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 115	\$S 10,000.00	(10 days) Reduction: 82 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/12/19	Confirm with: TRICIA	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	9a
Repair Cost: (w/GR)	\$S 10,700.00		
Loss of Rental (LOR):	\$S 1,300.00	(13 days) x \$ 100.00	
Loss of Use (LOU):	\$S —	(\$ x days)	
Loss of Income (LOI):	\$S —	(\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$S 36.49		
Medical:	\$S —		
Disbursement:	\$S —	(e.g. Tow/ Independent)	
Legal Cost	\$S —		
Total:	\$S 12,036.49	Global Sum \$S: —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 12,036.49	Name 1: TEAMWORK GARAGE PTE LTD	
Payee 2: (Strike if N.A.)	\$S —	Name 2: —	
Payee 3: (Strike if N.A.)	\$S —	Name 3: —	