

INS. CASE OWNER: **BURNDALD**

CC 4 /AIG1901 8155, 12/163

LKK:  
IDAC:

Surveyor: Teamwork

DOI: 15/10/09

Date / Time: 15/10/09

Registered in Merimen: 15/10/09

Pre-assign / CCU / FTE



Insured Vehicle No. : SEA 30J  
 Name of Insured : UHM Kew TEE  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/10/09

Claim No. : 620676484989  
 Policy No. : 1900151M  
 Make / Model : SUNAMEN  
 Place of Accident : 505 MKK WES CP

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age : UHM Kew TEE  
 Driver Tel No. : \_\_\_\_\_ (VL: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : % Final ? Yes / No

SKG 22614



INSRS: Teamwork  
 WSP:  
 Tel:  
 Liability:  
 RMKS:



INSRS:  
 WSP:  
 Tel:  
 Liability:  
 RMKS:



INSRS:  
 WSP:  
 Tel:  
 Liability:  
 RMKS:



INSRS:  
 WSP:  
 Tel:  
 Liability:  
 RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
<u>31/10/09</u>	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	<u>31/10/09 - vic</u>
	Documentation Check List: Handler	Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA/GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: L15 S\$ 5,800.00 ( 5 days) Reduction: 70 % Email  Call

FINAL SETTLEMENT Date/Time: 24/04/2010 Confirm with: DEMOND Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 2A If NO or B 28, Ass. Lia : (OLD REPUTED OUT)

Repair Cost: (6100) S\$ 6,200.00

Loss of Rental (LOR): S\$ 960.00 ( 8 days) x 2/120

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\$ 36.45

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/Independent)

Legal Cost S\$ -

Total: S\$ 7,255.95 Global Sum S\$: -

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 7,255.95 Name 1: TEAMWORK GARAGE PTE LTD

Payee 2: (Strike if N.A.) S\$ - Name 2: -

Payee 3: (Strike if N.A.) S\$ - Name 3: -