15/5/2010

INS. CASE OWNER: | CC4 /AIG190 22678, T2 d43 S 9/2 | LKK: IDAC:

ASSIGNMENT

Surveyor: tan Aik Ch.

DOI: 20/11/19

Date / Time : 20/11/19

Registered in Merimen: 20/11/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SJE 3022Y.

Name of Insured : YEO LAW YEW

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 17/11/19.

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : YEO ME GIN BRYAN.

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. : 1800003392

Make / Model : PORSCHE

Place of Accident : Yio Chu Kang Rd

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

Insured Liability : % **Final ? Yes / No**

SJW 9217T → → →

INSRS:
WSP: Teamwork
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJW 9217T (TPA) (NC19022 4XX/24 DOA: 17/11/19) SJE 3022Y
28/2/2020	FILE PASS TO TYPE MANDATE

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: S$ 3500.00 (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24/9/2020 Confirm with Shu Shan Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
~~Repair Cost:~~ Total loss Value	S$ 3500.00	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 840.00 ($ 60 x 14 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$ -	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Total:	S$4376.49 **Global Sum S$:**	3) Survey fee: $320

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 4376.49	Name 1:	Teamwork Garage Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	