

15/5/2010

INS. CASE OWNER:

CC4 /AIG190

LKK:

IDAC:

Surveyor:

tanwitch

DOI:

ASSIGNMENT

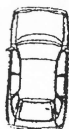
Date / Time:

Nblm

Registered in Merimen:

Nblm

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJE 30224

Name of Insured:

YEO KAN YEW

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

YEO ME GU BRUN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

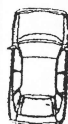
Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SJE 30224



INSRS:

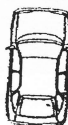
WSP:

Tel:

Liability:

RMKS:

Teamwork



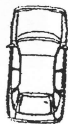
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SJE 30224 / 11/11/2009 24/24/2009

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:

Repair Cost:

S\$ 3500.00

(days) Reduction:

%

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with Shu Shan

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

Email

Call

Repair Cost: Total Loss Value

S\$ 3500.00

If NO or B 28, Ass. Lia :

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\$ -

Legal Cost

S\$ -

(e.g. Tow/ Independent)

Total:

S\$ 4376.49

Global Sum S\$:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$320