15/5/2010

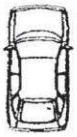
INS. CASE OWNER: Bernard Ler | CC4/AIG20000447/T1da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 07/01/2020 Date / Time : 07/01/2020

Registered in Merimen: 07/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 393R Claim No. : 4395891472SG

Name of Insured : SK Engineering Services Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 03/01/2020 16:40 Place of Accident : TPE EXITING SENGKANG

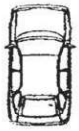
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKW 2618D → → →

INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKW 2618D - NA/AIG18000275/h4; DOA: 04.01.18
	- NA/AIG18000851/h4; DOA: 14.01.18
	- CS/AWA16006182/Avbd1; DOA: 04.04.16
	- CS/SMO17017831/Avbe2; DOA : 04.04.16
	GBE 393R - X
09/01/2020	OINR. To send out first letter. File pass to Su Li.

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$ 6,450.00 (5 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/07/2020 Confirm with Tricia Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 6,901.50	
Loss of Rental (LOR):	S$ 600.00 (5 days) X $120	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 36.45	
Medical:	S$ -	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $320
Total:	**S$ 7,537.95** **Global Sum S$:**	

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

Payee 1:	S$ 7,537.95	Name 1:	Teamwork Garage Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	