

INS. CASE OWNER:

CC 4 / AIG 2000 2047 / T1 153

IDAC:

Surveyor:

Tausikh

DOI:

5/2/2020

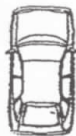
Date / Time :

4/2/2020

Registered in Merimen:

5/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 4186 J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 3/2/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

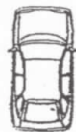
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGU 3783 K

INSRS:
WSP: Teamwork
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGU 3783 K : X ; SLR 4186 J : X	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:	Post-Repair Photos:	☐ ☐
				Others:	☐ ☐
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	MTH
Repair Cost:	L/S \$ 2,450.00	(5 days)	Reduction:	68 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 21.10.20	Confirm with: KEITH	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST \$ 2,621.50		OID HIT TP WHILE CHANGING LANE		
Loss of Rental (LOR):	\$ 600.00	(6 days)	X \$100		
Loss of Use (LOU):	\$ -	(\$ x days)			
Loss of Income (LOI):	\$ -	(\$ x days)			
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	\$ 36.45				
Medical:	\$ -			1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$ -	(e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	\$ -			3) Survey fee: \$320	
Total:	\$ 3,257.95	Global Sum \$: 3,200.00			
FINAL PAYMENT		Date/Time: 21.10.20	Confirm with: KEITH	Email ☐ Call ☐	
Payee 1:	\$ 3,200.00	Name 1:	TEAMWORK GARAGE PTE LTD		
Payee 2: (Strike if N.A.)	\$	Name 2:			
Payee 3: (Strike if N.A.)	\$	Name 3:			