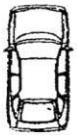
15/5/2010

INS. CASE OWNER: Lee Ming Yao | CC4/AIG20002292/T1da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 10/02/2020 Date / Time : 10/02/2020
Registered in Merimen: 10/02/2020

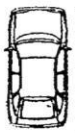
Pre-assign / CCU / FTE



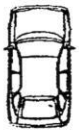
Insured Vehicle No. : SLZ 3354E
Name of Insured : CHNG YEONG SIONG
Insured Tel No. : HP:
Excess Sec II :S$
Is driver the owner? (YES / NO)
If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

Claim No. : 3031078923SG X
Policy No. : 1900078928
Make / Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)
D.O.A : 06/02/2020 21:05
Place of Accident : TAMPINES AVE 1 TWDS TAMPINES AVE 5
Nature of Accident :
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

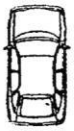
SML 3598E →



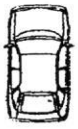
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLZ 3354E SML 3598E NA/AIG20002175/z4; ~~DOA : 06.02.2020~~
7/2	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	7/2
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$ 4550.00 (7 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/8/2020 Confirm with Keith Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 4868.50	
Loss of Rental (LOR):	S$ 900.00 (9 days) ×$100	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ -	
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: $320
Total:	**S$ 5768.50** **Global Sum S$:**	

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

Payee 1:	S$ 5768.50	Name 1:	Teamwork Garage Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	