15/5/2010

INS. CASE OWNER:

CC4/III20007297/T1pa3

LKK:

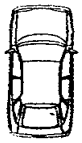
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: Date / Time : 14/07/2020

Registered in Merimen: 15/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6244G Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

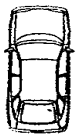
Excess Sec II :S$ D.O.A : 11/07/2020 15:00 Place of Accident : THE ALLEY OF THE ROBINSON SUITES

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

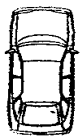
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

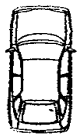
GBJ 1405H → → →



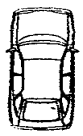
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBJ 1405H - X	**STAGE** **DATE / PIC**
	SH 6244G - CD/AXA10011677/h2 XX ; 22/01/2009	Non-Reporting ltr (1st):
	NS/INC19014430/Nqf3e2 ; 15/08/2019	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
18/09/2020	Pls refer to VIEWS for details.	**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: ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 1,750.00 (3 days) Reduction: 62 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/09/2020	Confirm with Keith	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 26	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,872.50		
Loss of Rental (LOR):	S$ 240.00 (3 days) x $80.00		
Loss of Use (LOU):	S$ ($ 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: $350.00
Total:	**S$** 2,148.95	**Global Sum S$:** 2,100.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,100.00	Name 1:	Teamwork Garage Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	