

INS. CASE OWNER:

CC 4 /AIG 2000 7484 / T1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

TAUFIKH

DOI:

21/07/2020

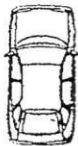
Date / Time :

20/07/2020

Registered in Merimen:

20/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 6502U

Claim No. : _____

Name of Insured : DAVID ONG TAT-WEE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 17/07/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

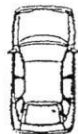
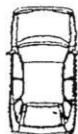
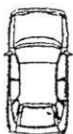
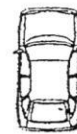
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SMK 6714Y

INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMK 6714Y : NA/INC20007433/z4 ; DOA : 17/07/2020	STAGE	DATE / PIC
	SMA 6502U :	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: MTH
Repair Cost: L/S	S\$ 3,100.00	(3 days) Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.04.21	Confirm with: KEITH	Email ☐ Call ☐
Final Liability: 100 %	50 (Agreed / Assessed)	BOLA S/N No. : 30	If NO or B 28, Ass. Lia :
Repair Costw/GST : \$3,317	S\$ 1,658.50	BOTH PARTY MAKING A LEFT TURN	
Loss of Rental (LOR): -	S\$ - (days)		
Loss of Use (LOU): \$240.00	S\$ 120.00 (\$ 60 x 4 days)		
Loss of Income (LOI): -	S\$ - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$21.45	S\$ 21.45		
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: \$3,578.45	S\$ 1,799.95	Global Sum S\$: 1,800.00	
FINAL PAYMENT	Date/Time: 06.04.21	Confirm with: KEITH	Email ☐ Call ☐
Payee 1:	S\$ 1,800.00	Name 1:	TEAMWORK GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	