15/5/2010

INS. CASE OWNER: OH Vale 6568804897

CC4/ASM20011482/Dba3

LKK:

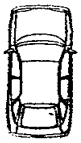
IDAC: 185123

ASSIGNMENT

Surveyor: BRYAN DOI: 22/10/2020 Date / Time : 22/10/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 3915S Claim No. : S0M02VPX

Name of Insured : CHANG ZI KAI, MARK Policy No. : GA162395

Insured Tel No. : HP: Make / Model : VOLKSWAGEN GOLF 2.0 GTIBM 162TSI D6

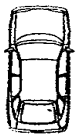
Excess Sec II :S$ D.O.A : 19/10/2020 20:35 Place of Accident : BISHAN ST 14

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

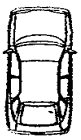
If **NO**, Driver Name / Age : OUYANG YAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

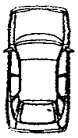
SMR 5801Z → → →



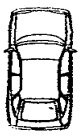
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMR 5801Z SLF 3915S NA/INC20011407/z4 ; 19.10.2020	
24/05/2021	SETTLED AND CLOSED / NO PHY FILE	

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: L/S S$ 21,800.00 (13 days) Reduction: 62.22 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24/05/2021 Confirm with SHU SHAN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 23,326.00	
Loss of Rental (LOR):	S$ 1,800.00 (10 days) X $180.00	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 29.00	
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: $350.00
Total:	**S$** 25,155.00 **Global Sum S$:** 24,500.00	

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

Payee 1:	S$ 24,500.00	Name 1:	TEAMWORK GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	