15/5/2010

INS. CASE OWNER: Stacey | CC 4 / ASM1800 0802 / Kea39 | LKK: IDAC: Smart S8m00715

ASSIGNMENT

Surveyor: KSL DOI: 16/1/18. Date / Time: 17/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SBB6916J	Claim No. :	S8m00715 / 125292
Name of Insured :	KOH YEW CHUAN @ PETER KOH	Policy No. :	GA105108/1
Insured Tel No. :	HP: 90093443	Make / Model :	T. Lexus
Excess Sec II :S$	D.O.A : 09/01/18	Place of Accident :	DUNEARN RD > NEWTON GREENS
Is driver the owner? (YES / NO)		Nature of Accident :	

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

GBC7725H →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Alan's united	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
18/1 Alan	GBC7725H - X; SBB6916J - AAIMSG18003477/HT ; DOA: 15/07/15
15/1/18 : 9.42	am. called OI, Mr Peter Koh, 90093443 but no respond.
" : 1011	am. spoke to OI, Mr Peter Koh, 90093443 agreed to settled on TP claims - aware of NCD issue - mention he also have already make a police report
08/02/18	- SEND LETTER TO OI.
13/2/18	FILE PASS TO TYPIST TO PREPARE REPORT.
	*Payee Name Incorrect

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI: 15/1/18 Siti Hawa	
After call ltr to OI: 08/02/18 - OIC ok	

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:		

RECEIVED 1 5 FEB 2018

RECEIVED 1 1 SEP 2018

PRELIMINARY ADVICE Date/Time: 17/1/18 Sent By: AMK

FINALIZATION Date/Time: Confirm with: KENNY Confirm by: KENNETH

Repair Cost: L/S S$ 3,250 (5 days) Reduction: 26 % Email ✓ Call

FINAL SETTLEMENT Date/Time: 28.8.18 Confirm with KENNY Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	W/GST S$3,477.50	OI REAR ENDED TP
Loss of Rental (LOR):	S$ 400.00 (4 days) x $100	
Loss of Use (LOU):	S$ - ($ x days)	COPY SENT 31/8/18 OK
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ✓ LOU only LOR + LOU LOR + LOI **[Tick only one]**		
GIA/LTA Search	S$2.00	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $350
Total:	S$ 3,879.50 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 28.8.18 Confirm with: Email ✓ Call

Payee 1:	S$ 3,879.50	Name 1:	ALAN'S UNITED AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	