

15/5/2010

CASE OWNER:

Stacey

CC 4 / ASM1800

0802

K ea39

LKK:
IDAC:MART
S8m00715

Surveyor:

PSC

DOI:

ASSIGNMENT

16/1/18

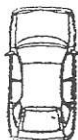
Date / Time:

12/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

SBB6916J



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES/ NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

S8m00715/125292

G4105108/1

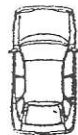
7. Lexus

DUNKERN RD 7 NEWTON AGENS

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

Insured Liability: % Final ? Yes / No

GBC7MSH



INSRS:

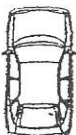
WSP:

Tel:

Liability:

RMKS:

Alan's United



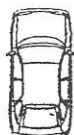
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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 7 SHHAWA

After call ltr to OI: 08/02/18 - DIC 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:

15/1/18

GBC7MSH - X:

SBB6916J - MMSH1800347/18; DOA: 15/07/15

15/1/18: 9:42 am. called OI, Mr Peter Koh, 90093443 but no respond.

" : 10:11 am. spoke to OI, Mr Peter Koh, 90093443 agreed to
letted on the claim - aware of new issue.
mention he also have already make a police report

08/02/18 - SEND LETTER TO OI.

13/2/18 FILE PASS TO TYPST TO PREPARE REPORT.

PRELIMINARY ADVICE Date/Time: 11/1/18

Sent By: AMK

FINALIZATION

Date/Time:

Confirm with: KENNY

Confirm by: KENNY

Repair Cost:

4/5 S\$ 3,350

(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:

10/16/17 S\$ 3,471.50

OI REAR ENDED TP

Loss of Rental (LOR):

S\$ 400.00

(4 days) x 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\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

+350

Total:

S\$ 3,819.50

Global Sum S\$:

FINAL PAYMENT

Date/Time: 28.8.18

Confirm with: (

Email ☒ Call ☐

Payee 1:

S\$ 3,819.50

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:

Please leave