

CAS. CASE OWNER:

CL CC 4 / ASM1800 1796 / K1 ea

LKK: smony 27867 IDAC:

Surveyor:

AME

ASSIGNMENT

DOI:

20-01-18

Date / Time

30/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 56K 4255
Name of Insured : LOW SIATK CHUAN
Insured Tel No. : 90210119 HP: 92395700
Excess Sec II :SS D.O.A : 27/01/18
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : S8m 00811
Policy No. : GA08556911
Make / Model : T. wigh 2.0 (00)
Place of Accident : Kuppel rd 7 Aye

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

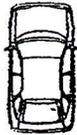
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

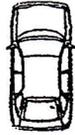
S8888324



INSRS: pramie
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
27/1	Non-Reporting ltr (1st):	
27/1	Non-Reporting ltr (2nd):	
27/1	Non-Reporting ltr (Final):	
27/1	Notification ltr (if non-pickup):	
27/1	Call OI:	27/1 9218.
27/1	After call ltr to OI:	
	Documentation Check List: Handler Typist	
01/02/19 @ 1008 hrs	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

27/1 S8888324 X :
27/1 S8888324 - call AME at 0078666 / kwf297 ; 0078-181276
31/1 Pending etc

01/02/19 @ 1008 hrs spoke to OI, Mr Low Siat Chuan @ 92395400 agreed to settled on TP claims, aware of NCD issue. OI ask to whatsapp OI at 9021 0119 so he can forward CCTV video footage and pictures

1/3/18 FILE PASS TO TYPIST TO PREPARE REPORT.

RECEIVED 01 MAR 2018

RECEIVED 11 MAY 2018

PRELIMINARY ADVICE Date/Time: 31/1 Sent By: Hm

FINALIZATION Date/Time: 12/3/18 Confirm with: GARY Confirm by: AME

Repair Cost: 45 S\$ 1,150.00 (2 days) Reduction: 65 % Email Call

FINAL SETTLEMENT Date/Time: 12/4/18 Confirm with: GARY Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0%.
Repair Cost: w/45 S\$ 1,200.50 4 VEH CC 01 2ND

Loss of Rental (LOR): S\$ 388.82 (3.5 days) x 111.09
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\$ 7.45
Medical: S\$ -
Disbursement: S\$ - (e.g. Tow/ Independent)
Legal Cost S\$ -

Total: S\$ 636.77 Global Sum S\$: Email Call

FINAL PAYMENT Date/Time: 10/4/18 Confirm with: GARY Email Call

Payee 1: S\$ 636.77 Name 1: PRIMER AUTOMOTIVE & SERVICES P/L.
Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3:

COPY SENT 11/5/18

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: TP
- 3) Survey fee: +350