

15/5/2010

INS. CASE OWNER:

SAUHA

CC 6 /AIG1901

5177, K 163

LKK:

IDAC:

Surveyor:

Kinneth

DOI:

ASSIGNMENT

26/8/19

Date / Time :

26/8/19

Registered in Merimen:

26/8/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLD 7305A

Claim No. :

0238500607459

Name of Insured :

Koh Shin Kae

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

22/8/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

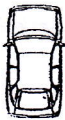
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SU 1429K



INSRS:

WSP:

Tel :

Liability :

RMKS:

OPTIMA
WEEKZ

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC		
	SU1429K - X				
	SU7305A - X				
	NO OI GIA	Non-Reporting ltr (1st):			
		Non-Reporting ltr (2nd):			
		Non-Reporting ltr (Final):			
		Notification ltr (if non-pickup):			
		Call OI:			
		After call ltr to OI:	05/09/19 - vic		
		Documentation Check List:	Handler	Typist	
05/09/19 e 9:41AM	OI CALLED IN. RECEIVED LETTER. AUTHORITY PROPOSED GIA. INFORMED TP CLAIM AGREED TO SETTLE & AWAIT NCD KODER. SEND EMAIL & LETTER TO OI.	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:			

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 101	SS \$440.00	(2 days) Reduction: 71 %
FINAL SETTLEMENT	Date/Time: 25/09/19	Confirm with: ANGELA
Final Liability:	% 100	(Assessed) BOLA S/N No. : NIL
Repair Cost: (w/450)	SS \$470.80	
Loss of Rental (LOR):	SS -	(days)
Loss of Use (LOU):	SS \$180.00	(\$60 x 3 days)
Loss of Income (LOI):	SS -	(\$ x days)
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	SS \$2.00	
Medical:	SS -	
Disbursement:	SS -	(e.g. Tow/ Independent)
Legal Cost	SS -	
Total:	SS \$652.80	Global Sum SS: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS \$652.80	Name 1: OPTIMA WORKZ PTE LTD
Payee 2: (Strike if N.A.)	SS -	Name 2: -
Payee 3: (Strike if N.A.)	SS -	Name 3: -