15/5/2010

INS. CASE OWNER: CC 3 /CTI1600 9312 /K263 9/2

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 18/5/16 Date / Time: 18/5/16

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	GW 4965K	Claim No. :	SNM1600147/C02
Name of Insured :	CHANG SEAFOOD TRADING.	Policy No. :	DMCVSN300595/600
Insured Tel No. :	HP:	Make / Model :	NISSAN
Excess Sec II :S$	D.O.A : 17/5/16	Place of Accident :	OUTRAM RD TWDS TIONG BAHRU.
Is driver the owner? (YES / NO)	Nature of Accident :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
If NO, Driver Name / Age :	WOONG YOO FATT	Insured Liability : %	Final ? Yes / No
Driver Tel No. :	93677088 (V/L: YES / NO)		

SHD 9781D → → →

INSRS: Trans Cab.	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
23/5/16 TAY	SHD 9781D - CC3/TI1600749/K263 DOA: 17/4/16 GW4965K-Y	
	26/7/16 called OI. Inform about the claim. Confirm the accident. He said TP suddenly made a right turn to go into the Holiday Inn. So, he could not avoid the accident. letter out. KIV.	
10-04-10	BASED ON THE POINT OF IMPACT WITH DAMAGE PROFILE, I BELIEVE O/I'S VERSION IS CREDIBLE. TO ASK O/I'S COUNTER CLAIM BEFORE REJECTING T/P CLAIM.	
	- FINALISED.	
	- TP LOD IN BY EMAIL	
29/07/19	- TYPE REPORT FOR MANDATE APPROVAL	
11/09/19	- REPORT DONE. SEEK MANDATE	
13/09/19	- CTI INSTRUCTED TO RESIST CLAIM. OI CLAIM.	

Reject Case
By (staff) : Vic
Approved by : Yu
Date : 13/09/19

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	26/7/16
After call ltr to OI:	2/8/16

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: 20/05/16 Sent By: b3

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost: T/P	S$ 5,715.43 (6 days)	Reduction: 69 %	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : nil	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		RESIST TP CLAIM OI CLAIMS AGAINST TP SUCCESSFULLY
Loss of Rental (LOR):	S$ —	(days) x $128.40	
Loss of Use (LOU):	S$ —	($ x days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search $6.00	S$ 6.00		1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —		2) Report Format:
Disbursement:	S$ —	(e.g. Tow/ Independent)	3) Survey fee: $100.00
Legal Cost	S$ —		
Total:	S$ —	Global Sum S$:	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ —	Name 1:	~~TRANS CAB AUTO SERVICES PTE LTD~~
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—