

INS. CASE OWNER: Premdevan

CC 3 /AIG140 20801

1 Kha 392-1

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 04/11/14

Date / Time: 04/11/14

Pre-assign / CCU / FTE

Registered in Merimen: 05/11/14



Insured Vehicle No.: SSN 3928L

Name of Insured: Kalayam D/O Ramiah

Insured Tel No.: HP:

Excess Sec II :SS D.O.A: 18/10/14

Is driver the owner? (YES / NO) Nature of Accident:

If NO, Driver Name / Age: R Chandraseharan

Driver Tel No.: 81074768

Claim No.: 310586772359

Policy No.: 210095152-04000

Make / Model: Toyota

Place of Accident: Pioneer North Twds Changi Airport

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

(V/L: YES / NO Insured Liability: % Final ? Yes / No

SUD 5499X

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

Date / Time			
14.11	FOR CSO ONLY:	STAGE	DATE / PIC
VC	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number:	Apt letter to OI:	
	Insurance Company:	Call OI:	
	SUD 5499X - X	After call ltr to OI:	
	SSN 3928L - X	Type Report:	
20/11/14 09:58 AM	call OI. NO RESPONSE.	Prepare Invoice:	
	SPOKE TO OI & OI. OI CONFIRMED	Others:	
	ACCIDENT DETAILS. HE INSISTED TP CUT TO	Documentation Check List: Handler Typist	
	WAS LATER AS TP GOT ROAD WORKS AHEAD.	OI Apt Ltr:	
	OI TRAVELLING ON LITTLE LANE. NO CON.	Authorisation To Act:	
	OWN 2 PAY INSIDE WHICH ARE RELATED TO	Release Voucher:	
	OI & OI. INFORMED TP CLAIM & OI/OI	Final Repair Bill:	
	DISPUTED LIABILITY. OI SAID TP PRIOR	Car Rental Invoice:	
	THEM FOR \$20.	LTA / GIA:	
	TO GET CON/EVIDENCE FROM TP.	Medical Bill:	
26/05/15	EMAIL TP FOR EVIDENCE.	Approval Email:	
24-02-16	BOTH PARTIES GAVE DIFFERENT LOCATION OF ACCIDENT CONFLICTING	Payment Breakdown Form:	
	VERSION. TO ASK TP TO PROVIDE PSR'S STATEMENT; ALSO TO FOLLOWUP ON CLIENT'S CLAIM STATUS.	Others:	
20-07-16	TO MAKE ENQUIRY ON OI'S COUNTER CLAIM AGAINST TP TO MONITOR THIS CLAIM		
19-12-16	IF NO DEVELOPMENT ON OI'S COUNTER CLAIM. SUGGEST TO CLOSE THE FILE AS DAMAGE IS MINOR		
23-03-17	TO CLOSE FILE FOR NO DEVELOPMENT FURTHER.		
	NO OPEN CASE. TP LOP IN.		

AL SETTLEMENT	Date: 09/01/18	Confirm with: WHI YIN
ir Cost: \$ 909.30	SS 451.75	Final Liability: 80 % (Agreed / Assessed)
of Rental: \$ 141.15	SS - 72.23 (1.5 days) x \$ 96.30	BOLA S/N No.: NL
of Use: \$ 75.00	SS - 54.50 (\$ 50 x 1.5 days)	If NO or B 28, Ass. Lia:
ursement: \$ 6.00	SS - 6.00	1) Claim status: Normal/Reject/Private Settle
l Cost: -	SS -	2) Report Format: WP REPORT TP INACTIVITY 9811150
l: \$ 1,134.95	SS - 570.40	3) Survey fee: \$ 200.00 \$ 320.00 (CPA16)
	Global Sum: SS -	

" \$ 570.40 - TRANS-CAB AUTO SERVICES PRE LTD "

