15/5/2010

INS. CASE OWNER: Ruth Chua | CC 6 /AXA1500 48347 K / E39 | LKR: | IDAC:

Stacey Ng

Re-open Case

ASSIGNMENT

Surveyor: Kenneth DOI: 18/03/15 Assg Date: 18/03/15

Pre-assign / CCU / FTE

Insured Vehicle No. : SST 2716G Claim No. : C0332578

Name of Insured : Tan Sze Hui Policy No. : P1440118

Insured Tel No. : HP: Make / Model : KIA

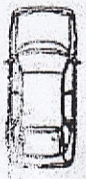
Excess Sec II :S$ D.O.A : 06/03/15 Place of Accident : TPE

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

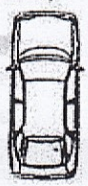
If NO, Driver Name / Age : Loh Chee Guan OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 9152 8389 (V/L: YES / NO Insured Liability : % Final ? Yes / No

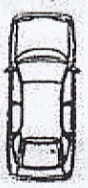
YM 3069T



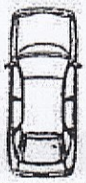
INSRS:
WSP: K Kim Hin
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FOR CSO ONLY:
22/05/15 -	Is driver the owner? (YES / NO)
CSO-VIC	If NO, Driver Name / Age :
	Driver's Own Vehicle Number: Insurance Company:
	YM 3069T - X
	SST 2716G - X
25/5/15 @ 245pm	Call OID. No Response
@ 305pm	Call OID. In a meeting - call back after 5pm
@ 524pm	Call OID. No Response
26/5/15 @ 922am	Spoken to OID. He confirmed accident details. He admitted Rear-Ended TP. Informed OID of TP claim & his NCD will be affected.
	OID Do Not Agree to settle, to dispute TP Claim
	- KW give after sent out letter.
	- OI strongly disputed on liability.
	- Evidence to prove TP cut lane?

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	- > 26/5/15 Kenneth Tan
After call ltr to OI:	-
Type Report:	LKR (OA)
Prepare Invoice:	kch 27/5
Others:	

Documentation Check List:	Handler	Typist
OI Apt Ltr:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
LTA / GIA :		
Medical Bill:		
Approval Email:		
Payment Breakdown Form:		
Others:		

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	1/ S$ 1200.00	(2 days) Reduction: - 53 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 29/9/2020	Confirm with Margaret	Email [✓] Call [ ]
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2033.00	S$ 106.50		
Loss of Rental (LOR): 480.00	S$ 240.00	(4 days) X $120.00	
Loss of Use (LOU):	S$ -	($ 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$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $350 - $250 = $100.00
Total:	S$ 1258.50	**Global Sum S$:** 1250.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [✓] Call [ ]
Payee 1:	S$ 1250.00	Name 1: IC Kim Hin Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth

REF: AA/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s ICICHIN

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: 2 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

Veh No: YM 3068T Yr Regn: 04 96

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or _____

Make: MIT FE83P c.c 3798

Colour White A/C: **Insured / Std / NI / NA**

Sp.Reading 284383 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: FE83PEA-0686

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi : **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: P.S 700R16 X10

R: MS-188 185R14X10 (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 7 mm
L/Bal.	9 mm	L/Bal.	7 7 mm
D.O.A.	6/3/15	D.O.I.	18/3/15

Survey held at _____

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or _____

The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	1,200 ~~1/S #800 ; CHECK ITEMS #950~~
	1/sum # 1900.00 (Rad # 208.74/ 53%)
	~~2,505.74/70%~~
	~~REP (# 3,405.74/ 95%)~~

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others