15/5/2010

INS. CASE OWNER: Vale | CC 4/AXA1702 3078 IK/ha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 05/12/17 Date / Time: 05/12/17

Registered in Merimen: 04/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5126C Claim No. : COA638895

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. : VPX/P1680520

Insured Tel No. : HP: Make / Model : RENAULT LATITUDE - 2.0 DCI AUTO D/AB 4DR (A)

Excess Sec II :S$ 5,000.00 D.O.A : 01/12/17 Place of Accident : ECP EDWARDS CHANGI AIRPORT T1

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

If NO, Driver Name / Age : KOH KIM LYE KEVIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 9450 1551 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 5726C (OI)	→	SHC 8602 (TP)	→	SHD 3254Z	→	SJG 4308G
INSRS:		INSRS:		INSRS:		INSRS:
WSP:		WSP: COGZ (Loyang)		WSP:		WSP:
Tel :		Tel :		Tel :		Tel :
Liability :		Liability : TP ARC		Liability :		Liability :
RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time	
	SHC 8602 - CS/FCI1702 3038/M1-6 DOA: 01/12/17
	SHC 5126C - CC4/AXA1700 5288/AyB3 DOA: 10/03/17
	- CS/TP1402 0730/KqBk3 DOA: 25/09/14
13/12/17 (VIC)	OI GOT CCTV
	- OI CONV DRIVE (VIC) SHC 5126C.
27-12-17	LETTER SENT BY EMAIL.
	- PHS REVIEWED. TP HIT FRONT VEHICLE. OID BEHIND SWERVED, HIT TP REAR RIGHT SIDE & HIT THE VEHICLE IN FRONT OF TP.
	- OID CHARGE TO THE RIGHT SIDE OF TP ONLY.
	- FINALIZED.
	- OI CONV FORWARDED TO AXA BY FACSIMILE
	- ORIGINAL TP LOD IN
16/01/18	- SEND 1ST OFFER TO TP.
	- TP PROPOSED 5.5 DAYS.
	- SEND ACCEPTANCE EMAIL.
18/01/18	- ORIG. LOD IN. ALL DOCS IN ORDER.
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	27/12/17 - VIC
After call ltr to OI:	EMAIL

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: 12/12/17 Sent By: CS

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 2,500.00 (3 days)	Reduction: 90 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/01/18	Confirm with WILLIAM	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/OUT)	S$ 2,675.00	CCTV	
Loss of Rental (LOR):	S$ 922.90 (5.5 days)	X @ 167.80	
Loss of Use (LOU):	S$ 275.00 (50 x 5.5 days)		
Loss of Income (LOI):	S$ – ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ –		
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee: 9350.00
Total:	S$ 3,872.90	**Global Sum S$:** –	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,872.90	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–