AS

15/5/2010

INS. CASE OWNER: | CC 3 /AIG1800 1436 / K663 | LKK: IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 23/1/18 Date / Time: 23/1/18

Registered in Merimen: 24/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 8678C Claim No. : 6154046805591

Name of Insured : FONG YMNU Policy No. : 1700054166

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

Excess Sec II :S$ D.O.A : 19/01/18 Place of Accident : 33 PARK CRESCENT MSCP

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

If NO, Driver Name / Age : TIAN YUAN OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

Driver Tel No. : 93894575 (V/L: YES / NO) [YES circled] Insured Liability : % **Final ? Yes / No**

SHB 9769B → → → →

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

Date/ Time	
25/1/18	SHB9769B – MA/AIGL6016576/H4 DOA: 19/1/18
WC	SJW8678C – Ø
	– FINALISED.
	– OID TO PROVE STATIONARY.
	– ORIGINAL TP LOD IN.
01/02/18 @ 0955hrs	: called OI, Kong Lingli @ 93891859 no respond will send letter
25/4/2018 pohkin 1.30pm	call number 93891859, OID (Mr Tian Yuan) pick-up the call. told OID regarding the accident matter. OID request call back tomorrow after as he is busy now.
2/5/2018 3.15pm pohkin	Spoke to OID (Mr Tian) at 93891859 He admitted he actually slow moving at the time of accident instead of stationary. OID insist he was the one who enter yellow box first CCTV installed but NOT function at the time of accident, explain to him, major Road is free flowing, TP is on major Road have the right of way. OI from Minor road should stop and give way to uncoming vehicle on the major Road. OID aware about the NCD issue, told him we will try to settle this case at best. letter to OI.
07/06/18	– FOTW @ TC. SETTLED. NO BI.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	} 2/5/2018 VIC-OK
After call ltr to OI:	03/05

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: Sent By:
01/10/18 – ALL DOCS IN ORDER. TO CLOSE.

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: LG S$ 6,300.00 (5 days) Reduction: 85 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 18/09/18 Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) [Agreed circled] BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 6,741.00	COID FROM MINOR ROAD)
Loss of Rental (LOR):	S$ 595.92 (6 days) x $99.32	
Loss of Use (LOU):	S$ 300.00 ($ 50 x 6 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search	S$ 5.35	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle [Normal circled]
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $520.00
Total:	S$ 7,642.27 **Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,642.27	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:	