/5/2010
NS. CASE OWNER: Elaine Cheong | CC3/EQI1 4004198, Kya3 n2 | LKK: IDAC:

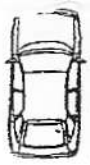
ASSIGNMENT

12/3/14

Surveyor: Kenneth DOI: 10/3/14 Date / Time : 10/3/14

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGH 6506T Claim No. : DM14 1420-EC

Name of Insured : Au Kim Chu Policy No. : DMPPHQ13-003618

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

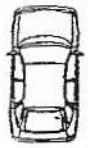
Excess Sec II :S$ D.O.A : 9/3/14 Place of Accident : DEPOT ROAD

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

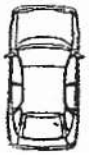
If NO, Driver Name / Age : TOH CHIN WEI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 81839592 (V/L: YES / NO Insured Liability : % Final ? Yes / No

SHD 5795R → → →

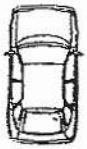


INSRS:
WSP: Trans, Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
4/4/14 2after	**FOR CSO ONLY:** **Is driver the owner? (YES / NO)** **If NO, Does driver got his/her owned vehicle? : (YES / NO)** **Driver's Own Vehicle Number:** _____ **Insurance Company:** _____
	SHD 5795R. X; SGH 6506T. X
22/4/14 4:34	called OID 2 times not pickup.
22/4/14 5:13	called OID. Ms Au Kim Chu. Dispute the liability. Mentioned that TP's was making illegal - U turn. no video no photos.
	wants to talk to her son.
25/4/14 10:10	called OID. spoke to Mr Toh. Inform about the claim. Confirm the accident. Dispute the liability. He mentioned taxi was driving on his left side.
✓	After picking up the pax, taxi wanted to make U-turn. So, taxi encroached into his lane. So he collided into TP from behind. But no proof no witness. OID got video after the accident which recorded that taxi wants to pay the COD on his vehicle. He will forward the video to us by email or by post. Inform OI, NCD will be affected. Pending video.

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	25/4/14 LKK
After call ltr to OI:	25/4/14
Type Report:	
Prepare Invoice:	
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:	☐	☐

FINAL SETTLEMENT Date : Confirm with

Repair Cost: 2514.50 S$ 1257.25 Final Liability 50 % (Agreed / Assessed) BOLA S/N No. : Nil

Loss of Rental: 393.76 S$ 196.88 days) 98.44 x 4 If NO or B/28 Ass. Lia :

Loss of Use: 200.00 S$ 100.00 ($ 50 x 4 days)

Disbursement: 6.00 6.00

Legal Cost S$ Survey fee $400/-

Total: 3114.26 S$ 1560.13 **Global Sum: S$**

TP did not provide LOD up to date