

INS. CASE OWNER:

*AS Saw May* CC 3 / AXA140 19421 / Kh 939

LKK:  
IDAC:

**ASSIGNMENT**

Surveyor: KSC

DOI: 14.10.14

Assg Date: 14.10.14

Pre-assign / CCU / FTE



Insured Vehicle No.: PC 61887

Claim No.: 0312178

Name of Insured: Success Express Pte Ltd.

Policy No.: P1328607

Insured Tel No.: 6788 6068 HP: \_\_\_\_\_

Make / Model: Golden Dragon

Excess Sec II :SS 1500.00 D.O.A: 9.10.14

Place of Accident: Along the Service Rd Infront of DFS (Scotts Rd)

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

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

If NO, Driver Name / Age: Guo Yan

Driver Tel No.: 9628 4621

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



SHB 7114  
INSRS:  
WSP: Trans-cab  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
17-10	Is driver the owner? (YES / NO)	Finalisation:	
17-10	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	<u>SHB 7114 Y - NBA1A1h/3017398 / 54 ; 4.9.13.</u>	Call OI: <u>17/10/14</u> <u>Wei Jie</u>	
	<u>CC3/A1h/15014653 / 622342 ; 4.9.13.</u>	After call ltr to OI:	
		Type Report:	
17/10/14 @ 3:30pm	Call OI Confirm Accident Details When Left Turn Collided With TP Who's Turning Right. Inform OI PIC Key on TP Claims & NCD Issue	Prepare Invoice:	<u>Kel</u>
	<u>TO REVIEW LIABILITY AFTER LETTER SENT OCT.</u>	Others:	<u>23/10</u>
	<u>TO GET EVIDENCE FROM TP IF ANY.</u>	Documentation Check List:	Handler Typist
28/10/14	EMAIL TP TO GET CCTV FOOTAGE.	OI Apt Ltr:	<input checked="" type="checkbox"/> <input type="checkbox"/>
28/10/14	RTM	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	KIV for CCTV footage.	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<u>TA: YES ; DIS: YES</u>	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<u>SETTLED DURING RTM. PENDING TP LOD FOR CLOSURE.</u>	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Approval Email: <u>MANUATE</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
16-03-17	BOTH PARTIES HAVE NO Additional proof to prove their claims which is conflicting liability is 50% each. TRY TO SETTLE AT ROUND TABLE MEETING.		
06/04/14	NO UPDATE. NO TP LOD IN SINCE RTM ON 28/10/14.		
	TO REWP. CLOSE CASE.		
09/04/14	RE-OPEN. TP LOD IN. TYPE REPORT FOR WANDRTE.		
	SEEK WANDRTE TO AXABY EMAIL.		

FINAL SETTLEMENT	Date: <u>08/08/18</u>	Confirm with: <u>WAI YIN</u>	
Repair Cost: <u>909.50</u> SS	<u>454.75</u>	Final Liability: <u>50</u> % (Agreed / Assessed)	BOLA S/N No.: <u>NIL</u>
Loss of Rental: <u>466.82</u> SS	<u>233.26</u>	( <u>4</u> days ) <u>9116.63</u>	If NO or B 28, Ass. Lia: _____
Loss of Use: <u>200.00</u> SS	<u>100.00</u>	( \$ <u>50</u> x <u>4</u> days )	Format Type: <u>W/ REPORT / TP INACTIVITY</u>
Disbursement: <u>2.00</u> SS	<u>-6.00</u>		<u>(909.50) + 250.00 + 100.00</u>
Total: <u>1,582.02</u> SS	<u>794.01</u>	Global Sum: SS <u>-</u>	<u>11/4/17</u>

1794.01 - TRANS-CAB AUTO SERVICES PTE LTD

