

INS. CASE OWNER: **LOH CHENG HENG**

CC 3 / ALG 1, 900 2475, K has

LKK:
IDAC:

ASSIGNMENT

Surveyor:

1062

DOI:

11/2/19

Date / Time:

11/2/19

Registered in Merimen:

11/2/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

Smc 3686 G

Claim No.:

5658250945G

Name of Insured:

Ny Ark Song

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

4/1/19

Place of Accident:

Is driver the owner? (YES / NO)

(YES)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHE 5516 K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-lab



INSRS:

WSP:

Tel:

Liability:

RMKS:



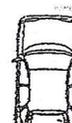
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

11/2/19

**SHE 5516 K - CC3 / AXA 180 20205 / kh679? ins: 19/10/2017
Smc 3686 G - X**

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: **11/2/19 celina**

After call ltr to OI: **15/2/19 Vic OK**

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:

14/2/19

**in liability.
OI dispute, Email TP to get video footage.
Send letter to OI**

15/2/19

- PENDING TP VIDEO (if any)

18/2/19

TP video provided. To proceed

19/2/19

call OI to get his email address - No answer

27/2/19

call OI no answer.

- OI call back, aware liability down. willing to settle.

- TP VIDEO FOOTAGE IN. UPLOADED IN WEBSITE

- ORIGINAL TP LOD IN

16/08/19

- SEND 1ST OFFER TO TP.

30/08/19

- EN IN. TP ACCEPTED OFFER.

- All docs IN ORDER.

- TO CLOSE.

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: **115** S\$ **2,600.00** (2.5 days) Reduction: **86** % Email Call

FINAL SETTLEMENT Date/Time: **30/08/19** Confirm with: **WAI YIN** Email Call Final Liability: % **100** (Agreed / Assessed) BOLA S/N No.: **15** If NO or B 28, Ass. Lia: **COI CHANGED NAME**

Repair Cost: **(w/65T)** S\$ **2,782.00** Loss of Rental (LOR): S\$ **297.96** (3 days) x \$99.32 Loss of Use (LOU): S\$ - (\$ x days) Loss of Income (LOI): S\$ **150.00** (\$50 x 3 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search S\$ **7.49** Medical: S\$ - Disbursement: S\$ - (e.g. Tow/ Independent) 1) Claim status: **Normal**/Reject/Private Settle 2) Report Format: 3) Survey fee: **\$320.00**

Total: S\$ **3,237.45** Global Sum S\$: **3,180.00** FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ **3,180.00** Name 1: **TRANS-CAB AUTO SERVICES PTB DBD** Payee 2: (Strike if N/A) S\$ - Name 2: - Payee 3: (Strike if N/A) S\$ - Name 3: -