

18/5/14

INS. CASE OWNER:

CC3 / AXA140 19448 / K2 3 112

LKK:
IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

13/10/14

Assg Date:

13/10/14

2/11/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SEH 6007 U

Claim No.:

C0319003

Name of Insured:

Ng Ai Leng

Policy No.:

P1332 145

Insured Tel No.:

HP:

Make / Model:

Volkswagen

Excess Sec II :SS

D.O.A.:

12/10/14

Place of Accident:

Along Orchard Rd on the Left
Most Lane

Is driver the owner? (YES / NO)

(NO)

Nature of Accident:

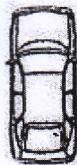
If NO, Driver Name / Age: Wong Yung Zhi Jonathan

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

Driver Tel No.: 81205450

(V/L: YES / NO Insured Liability:

% Final? Yes / No



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:

Is driver the owner? (YES / NO)

(YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number:

Insurance Company:

SHF 511 R - X

SEH 6007 U - X

called OSD. spoke to Mr Wong. Inform about the claim. Confirm the accident. OSD rear ended the Agreed also settle the claim and ensure my VCD will be affected.

letter out.

email to Asst. Inform them we submit w/p. See attached email.

12/11/14 - See mandate (pending approval) approved
26/11/14 - offer \$6302.10 as per TP WD, or send (pending DV in).

27/11 - DV in file pass Admin to close.

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

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: 26/11/14 Confirm with: [Signature]

Repair Cost:

SS \$561.10

Final Liability:

100 % (Agreed / Assessed)

BOLA S/N No.:

Loss of Rental:

SS \$779.00

(4 days) x \$173.75

If NO or B 28, Ass. Lia

LTA search

SS \$700.00

(50 x 4 days)

Format Type:

w/p TP del not out

Total

\$6.00

\$6302.10

~~\$6300.00~~

SURVEY TEL:

\$350/- \$250.

" \$6,302.10 - TRANS-CAB AUTO SERVICES PTE LTD "

COPY SENT
28/11/14
28/11/15