

INS. CASE OWNER: Wah Lee

CC 3 /AIG140 19009

2893
1K8 e342

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth

DOI: 07/10/14

Date / Time: 07/10/14

Registered in Merimen: 08/10/14

Pre-assign / CCU / FTE



Insured Vehicle No.: S3W 1910C

Claim No.: 2859827702SG

Name of Insured: Boh Chong Soon

Policy No.: 2100196859

Insured Tel No.: HP: 8127 6699

Make / Model: KIA

Excess Sec II : SS D.O.A: 03/10/14

Place of Accident: City Hall MRT Cross Junction

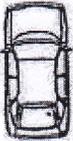
Is driver the owner? (YES / NO) (YES) Nature of Accident: _____

If NO, Driver Name / Age: _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

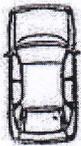
Driver Tel No.: _____ (V/L: YES / NO Insured Liability: _____ % Final? Yes / No

SND 50323

PBI



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
31/10/14	Is driver the owner? (YES / NO)	Finalisation:	
<u>Pauline</u>	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: <u>SND50323-CC3/AIG13000926/Kpb3, DOA:13/01/13</u>	Apt letter to OI:	<u>58</u>
	Insurance Company: <u>S3W1910C-X</u>	Call OI: <u>24/10/14</u>	<u>58</u>
		After call ltr to OI: <u>Pauline</u>	<u>Ech</u>
		Type Report:	<u>25/11</u>
		Prepare Invoice:	
		Others:	
<u>24/10/14</u>	<u>@ 500pm Spoken to Mr. W. Confirmed accident detail: Hit TP on his rear left door while making a wider left turn. Both parties are making a left turn. Informed TP claim + agreed to settle + aware NCR issue - Sent letter to car</u>	Documentation Check List:	Handler Typist
	<u>pls - open offer @ 50/50</u>	OI Apt Ltr:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		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:	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<u>02/08/19</u>	<u>Received Mr's Police Report:</u>		
<u>08/10/14</u>	<u>96ND 1st OFFER TO TP</u>		
	<u>TP ACCEPTED OFFER. ALL DOCS IN ORDER</u>		
	<u>KIV for CCTV footage</u>		
<u>3/3/15</u>	<u>File pass to Pauline.</u>		
<u>05/03/15</u>	<u>File with Pauline</u>		
<u>12-6-15</u>	<u>INITIAL CHANGED. REVIEWED BASED ON REPORTS & PHOTOS OI MORE PROBABLE. TAXI MIGHT HAVE COME FROM 3RD LANE OR HAVE ENCRONCHED MUCH ON OIS LANE. TO CHECK IF WE MAY REJECT.</u>		
<u>13-11-15</u>	<u>NO FOLLOW & NO LVD FROM TP. Conflicting version</u>		

COPY SENT

FINAL SETTLEMENT	Date: <u>08/10/14</u>	Confirm with: <u>NO SETTLEMENT</u>	WAM YIN
Repair Cost: <u>92,720.50</u>	SS <u>1,364.75</u>	Final Liability: <u>50</u>	% (Agreed / Assessed)
Loss of Rental: <u>4,651.63</u>	SS <u>375.82</u>	<u>7</u> days	<u>4,926.09</u> (Both TURNING)
Loss of Use: <u>-</u>	SS <u>-</u>	<u>7</u> days	1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement: <u>4,600.00</u>	SS <u>-6.00</u>		2) Report Format:
Legal Cost: <u>-</u>	SS <u>-</u>		3) Survey fee: <u>-</u>
Total: <u>43,386.13</u>	SS <u>1,696.07</u>	Global Sum: <u>SS</u>	<u>WR - 9,320 + 20 (FAB)</u>

"41,695.00 - TRANS-CAB AUTO SERVICES PTE LTD"