15/5/2010

INS. CASE OWNER: Billy | CC6/CTI19017773/AHa352 bpas | LKK: | IDAC:

ASSIGNMENT

Surveyor: ADRIAN | DOI: 07/10/2019 | Date / Time: 07/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : XE 6066K | Claim No. : SNM19D204743

Name of Insured : Kiong Huat Logistics Pte Ltd | Policy No. :

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

Excess Sec II :S$ | D.O.A : 04/10/2019 07:40 | Place of Accident : TPE NEAR SENGKANG EXIT TWDS SLE

Is driver the owner? (YES / (NO)) | 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**

SMA 8052M →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: HUA MENG	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	XE6066K / SMA 8052M } NA/TMI19017546/h4 ; DOA: 04/10/19	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	- TP WITNESS POLICE REPORT IN	Non-Reporting ltr (Final):	
	- OI GIA REPORT IN WAO FOR TPPF. ACC.	Notification ltr (if non-pickup):	
		Call OI:	
	- FINALIZED	After call ltr to OI:	
09/12/19	- SEND PA TO OI	**Documentation Check List:**	**Handler** / **Typist**
	- TYPE REPORT WHILE PENDING OI GIA REPORT.	Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
06/07/21	LIABILITY IS DOWN. POLICE TAKEN ACTION AGAINST O/I FOR INCONSIDERATE DRIVING. WRITE TO T/P FOR LOD FOR CONSIDERATION ON WP AND INFORM CHINA TAI PING OF THIS CLAIM.	Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / GIA :	
21/10/2021	— PLS REFER TO MEMO.	Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE Date/Time: 09/12/19 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L6 S$ 7,500.00 (9 days) Reduction: 63 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle (N)
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $ 350.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

LIABILITY : BASED ON POLICE'S INVESTIGATION :
1) T/P WAS INJURED WITH 5 DAYS M.C.
2) O/I WAS CHARGED FOR INCONSIDERATE DRIVING
3) T/P'S EYE WITNESS ALSO LODGED A POLICE REPORT TO SUPPORT.

FACTS : O/I SUBMITTED WRONG REPORT, IT SEEMS THAT O/I HAS INVOLVED IN SEPERATE ACCIDENT ASK HIM TO SUBMIT THE CORRECT TALLY ACCIDENT REPORT. (DOA & T/P VEH. DON'T)