

15/5/2010

INS. CASE OWNER:

Btly

CC6/CTI19017773/Aha332

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 :

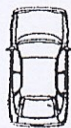
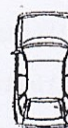
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMA 8052M

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

Date/ Time		STAGE	DATE / PIC
	XE6066K SMA 8052M	NA/TMI19017546/h4 ; DOA: 04/10/19	
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		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:	

09/12/19

06/07/21

2/10/2021

- TP WINGED POLICE REPORT IN
- OI GIA REPORT IN WHO FOR DIFF. ACC.- FINALIZED
- SEND PA TO OI
- TYPE REPORT WHILE PENDING OI GIA
REPORT.LIABILITY IS DOWN. POLICE TAKEN ACTION AGAINST OI FOR
INCONSIDERATE DRIVING. WRITE TO TP FOR LOD FOR CONSIDERATION
ON WP AND INFORM CHINA TAIPIG OF THIS CLAIM.

As refer to MEM.

PRELIMINARY ADVICE		Date/Time: 09/12/19	Sent By: JIC
FINALIZATION		Date/Time:	Confirm with:
Repair Cost: 46	S\$ 7,500.00	(9 days)	Reduction: 63 %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
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) TP WAS INJURED WITH 5 DAYS M.C.
- 2) TP WAS CHARGED FOR INCONSIDERATE DRIVING
- 3) TP'S EYE WITNESS ALSO LODGED A POLICE REPORT TO SUPPORT.

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