15/5/2010

INS. CASE OWNER: CC3/CTI19017814/Kja3q2

LKK:

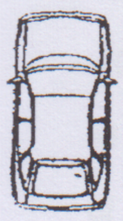
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 08/10/2019 Date / Time : 08/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 848E

Name of Insured : Ng Mun Kit

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

D.O.A : 06/10/19 10:35

Place of Accident : BOON LAY WAY

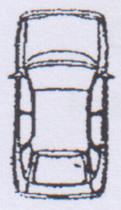
Nature of Accident :

(V/L: YES / NO)

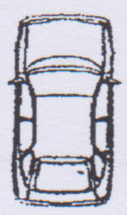
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : 0 % **Final ? Yes / No**

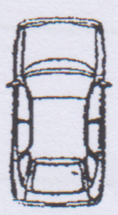
SHC 5020Z → → →



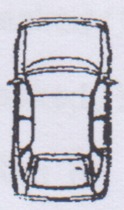
INSRS:
WSP: TRANS-CAB AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5020Z - CC3/EQI16008681/Kea3q2; DOA: 6/5/16 - CC3/AXA15006012/Kja3s2 ; DOA: 3/4/15 - CC3/AXA15004704/Kja3q2; DOA: 18/12/14
	SLN 848E - X
	- FINALIZED
18/10/19	- FILE REVIEWED. CONFLICTING VERSION. OI REPORTED TP CUT LANE. TP REPORTED HE WAS DRIVING STRAIGHT WHEN HIT BEHIND BY OI.
@ 2PM	- CALL OI. # NOT IN USE.
	- ORIGINAL TP LOD IN
06/02/2020	- SEND LETTER & EMAIL TO OI .
	- TYPE REPORT PROT.
	- REPORT DONE
15-04-21	POTENTIAL REJECTION. TO FIND OUT O/I'S CLAIM RESULT AGAINST T/P TO ENHANCE OUR POSITION OF REJECTION
22/3/22	Trans-cab inform case settled & close @ their end. Submit wp.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	06/02/2020 - VC

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:		

PRELIMINARY ADVICE Date/Time: 09/10/19 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 45 S$ 4,250.00 (5 days) Reduction: 30,700 % 88. Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : —	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		* conflicting version *
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
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: WP
Legal Cost	S$		3) Survey fee: $350/-
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ —	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—