

15/5/2020

ANG Richard
6880 5450

CC4/ASM20002046/ A ga3

LKK:
IDAC: 159255

INS. CASE OWNER:

ASSIGNMENT

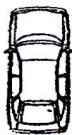
Surveyor:

DOI:

Date / Time : 05/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 1730P

Name of Insured : MEGA TOURS PTE.LTD

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 23/01/2020 23:30

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : RAJARAMAN VINOTHKUMAR

Driver Tel No. : +65-91012868

(V/L: YES / NO)

Claim No. : S0M02EM7

Policy No. : GA449683

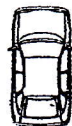
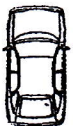
Make / Model : TOYOTA HIACE-2.0 (M)

Place of Accident : TOWNSHEND ROAD TOWARDS SYEDALWI ROAD

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

Insured Liability : % Final ? Yes / No

SKM 909E

INSRS:
WSP: NEW HOCK
Tel: TECK
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKM 909E - X	
	PC 1730P - CC3/CTI18017174/Upb3q2; DOA: 18.09.18	
	- CS3/CTI18007416/Gz4bs2; DOA: 17.04.18	
	- CS3/EQI18005018/Bz4d3e2; DOA: 27.02.18	
	- CC3/EQI17013843/M1ub3q2; DOA: 13.07.17	
	- CS/FCI17014002/Atbn2; DOA: 13.07.17	
19/2	11.11am	spoke to OI. OI mention no damages on hill car. not admit the fault - given whatsapp number to him for now just send letter informing
19/2		Recd Adv from JP.
20/2		JP NO ADV, only ASP.
21/2		Pending OI evidence.
21/2		2nd reminder email -> OI.
19/11/2020		AAA (Richard) call in to inform that they will take over this case & instruct to submit WP.
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: 45	S\$ 6000.00 (3 days) Reduction: 7520.40 % 53	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐		
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	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: 1250/-
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:	