

INS. CASE OWNER:

cc3, M/G 190 20884, K1K392

Surveyor:

Falcon

DOI:

ASSIGNMENT

5/11/14

Date / Time:

5/11/14

Registered in Merimen:

6/11/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJX 1315R

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

4/11/14

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

% Final ? Yes / No

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

SHD9166



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: <input checked="" type="checkbox"/>	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
20/4/2020	Notification ltr (if non-pickup):	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L/S S\$ 3,300

(3 days)

Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☒ Call ☐

Final Liability:

100

% 50

(Agreed / Assessed) BOLA S/N No.: NIL

If NO or B 28, Ass. Lia: 50

Repair Cost:

(w/GST)

3,531 S\$ 1,765.50

Loss of Rental (LOR) 337.05

S\$ 168.53

(3 days)

X \$112.35

Loss of Use (LOU):

S\$ 75

(\$

x

days)

Loss of Income (LOI): 150

S\$

(\$

50

x 3 days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

6.00

S\$ 6.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

NOTE: WP WAS SUBMITTED EARLIER

3) Survey fee:

Total: 4,024.05

S\$ 2,015.03

Global Sum S\$: 1,900

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 1,900

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:

1/1/2019

INS CASE OWNER: Jong Tung Fung CC 3 /AIG140 20854

11ka392-1

LKK:

IDAC:

ASSIGNMENT

Surveyor: Palan

DOI: 5-11-14

Date / Time: 5-11-14

Registered in Merimen: 5-11-14

Pre-assign / CCU / FTE



Insured Vehicle No.: SJX 1315R

Claim No.: 24114 47920E

Name of Insured: Leo Tung Fung Tautine

Policy No.: 2100350434

Insured Tel No.: HP: 9363 2191

Make / Model: Audi

Excess Sec II:SS D.O.A: 24-11-14

Place of Accident: Mauna Boulevard

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

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

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO Insured Liability:

% Final ? Yes / No

SHD 9166E



INSRS:
WSP: Trans Cab
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

14/11/14
Kathy

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number:

Insurance Company:

SHD 9166E - NA/UP 1201212/12 ; DPA 22/7/12

- NA/INC 1201212/12 ; DPA 26/11/12

SJX 1315R - V

Conflic version call of for name / 50/50/8

03-12-14 EVEN THOUGH TP HAD CUT INTO 41'S PATH BUT NO EVIDENCE
PROOF, & TP WAS ON THE MAIN ROAD WE ARE MORE TO
BE BLAMED. NO DOUBT WE MAY ARGUE WITH TP ON DAMAGE
TO 1/2 VEHICLE THE BUMPER WAS FORCEFULLY DRAGGED OUT
IF TP INIST ON FULL SETTLEMENT ASK FOR CCTV FOOTAGE

Ask 1170 from CCTV for a TP name by

no evidence

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler Typist

OI Apt Ltr:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

LTA / GIA:

Medical Bill:

Approval Email:

Payment Breakdown Form:

Others:

FINAL SETTLEMENT

Date:

Confirm with

Repair Cost:

SS

Final Liability:

SS

days)

Loss of Rental:

SS

days)

% (Agreed / Assessed)

BOLA S/N No.:

If NO or B 28, Ass. Lia:

13 Claim status: Normal/Reject/Private Settle

ASS. REC. BY:

Ref:

Kalia

ASSIGNMENT

From: _____ Date: 5/11/14

Estimated Cost: _____

OD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: SHD 9166E

at Workshop m/s Transcab

of _____

Insured: _____

Policy No. _____

Claims No. _____

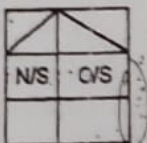
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 9166E Yr Regn: Sep 1 2011

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chenold Erica c.c. 1991

Colour Red A/C: Insured / Std / Nil / NA

Sp. Reading 443425 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KL7CA69700058006

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 60 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MLC / OHTSU / PIR / SUMI /

TOYO / YOKO or Har-Kool

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 2 mm L/Bal. 1 mm

D.O.A. 4/11/14 D.O.I. 5/11/14 152565

Survey held at Transcab

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

0/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

A204

Finalised c/s \$3300 / 3 Days

(PEN 888522 / 729%)

Date/Time, File Pass to?

Date/Time, File Return to?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

TOTAL
LOSS

Survey Fee:

Date:

Basic & Add.

— S + RS, — SI