INS. CASE OWNER: Loh Chee Heng | CC3/AIG190123853/kkde3

LKK:
BAC:

Surveyor: Kenneth

ASSIGNMENT
DOE: 22/12/14

Date / Time: 22/12/14
Registered in Merimen: 24/12/14

Pre-assign / CCU / FTE

URGENT

Insured Vehicle No. : SGL 7552G		Claim No. :	
Name of Insured : Ng Chai Boo		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A.: 18/12/14	Place of Accident :	
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

SHC5395A → → →

INSRS: WSP: Trans-cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	LOD in.
3/4/2020 Khoonching	Spoken to OI (Mr Ng) - 82912727.

STAGE	DATE / TR
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	7/3/1/15
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:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Email [ ] Call [ ]
Repair Cost: P/P S$ 1,123.33 (1 days) Reduction: 80 %

FINAL SETTLEMENT Date/Time: 22/4/2020 Confirm with Ng Wai Yin Email ✓ Call [ ]

Final Liability: 100	% 50%	(Agreed / Assessed) BOLA S/N No. : 32	If NO or B 28, Ass. Lia :
Repair Cost (adjust) 1,201.96	S$ 600.98		
Loss of Rental (LOR) 133.75	S$ 66.88	(1 days) x $133.75	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI): 50	S$ 25	($ 50 x 1 days)	
LOR only [ ] LOU only [ ]	LOR + LOU [ ]	LOR + LOI ✓ [Tick only one]	
GIA/LTA Search 6	S$ 6		1) Claim status: Normal/Reject/Private Settl
Medical:	S$		2) Report Format: WP Submitted →
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
Total: 1,391.71	S$ 698.86	Global Sum S$: 700	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 700.00	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:	

Handler: Peng Peng | CC / AIG140 / #357 | LCR / IDAC

ASSIGNMENT

Driver: Ramesh DOR: 23/12/14 Date / Time: 23/12/14

Pre-assign / CCU / FTE Registered in Merimen: 24/12/14

URGENT

Insured Vehicle No: SGL 7352 H Claim No: 8079 345 99454

Name of Insured: Ng Chai Boo (wife) Policy No: 3100 364 347

Insured Tel No: HP: Make / Model: Honda

Excess Sec II :S$ D.O.A: 19/12/14 Place of Accident: Bencrescent multi-storey carpark blk 99A

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

If NO, Driver Name / Age: Tan Kum Hong

Driver Tel No.: 9036 5662 (V/L: YES / NO Insured Liability: % Final ? Yes / No

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

SHC 5315A → → →

INSRS: / WSP: Tokio Marine Cedric / Tel: / Liability: / RMKS:	INSRS: / WSP: / Tel: / Liability: / RMKS:	INSRS: / WSP: / Tel: / Liability: / RMKS:	INSRS: / WSP: / Tel: / Liability: / RMKS:

Date/ Time	
08/01/15 Routine (CSO)	**FOR CSO ONLY:** Is driver the owner? (YES / NO) If NO, Driver Name / Age: Driver's Own Vehicle Number: Insurance Company: SHC 5315A - X SGL 7352 H - X
13/01/15	O/D had video footage but corrupted. He will get his IT friend help to retrieve.
13/01/15	@ 1:39pm spoken to O/D. O/D confirmed accident's TP's front bumper hit O/D's driver side door as TP was travelling in quite fast speed. Informed TP claim. Disputed on such liability but agreed to settle at (50/50) basis. O/D will tel at his uncle's house. Send letter to OI.
13/01/15	O/D had made a TP claim. Pending for outcome.
12/	TP CTS? TRIAL CHANGED TAULINE TO JOY
2	OI's policy number is Harian.

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	13/01/15
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:		

Colliding vessel

FINAL SETTLEMENT Date: — Confirm with: 18-8-WP REPORT

Repair Cost: S$ — Final Liability: 50 % (Agreed / Assessed) BOLA S/N No.: NIL

Loss of Rental: S$ — (days) If NO or B 28, Ass. Lia:

Loss of Use: S$ — ($ x days) 1) Claim status: Normal/Reject/Private Settle

Disbursement: — 2) Report Format:

Legal Cost: S$ — 3) Survey fee:

Total: S$ — Global Sum: S$ WP - NO FURTHER DEVELOPMENT F.TP.

$320 + $20

REF: A6/

ASSIGNMENT

Date: ___

Estimated Cost: ___

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

To Inspect Vehicle No: ___

at Workshop m/s Trans Cab

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.**

N/S	O/S

Bal. or Market Value: ___

IDAC Accident Rport: ___ **Consistent? : Yes or No**

GIA / PR Seen: ___ **Consistent? : Yes or No**

Est. Repairs: 01 days Res.: **Yes or No**

Lum Sum: I.B.I % 3 Val.: **Yes or No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: ___ Person Contacted: ___

Veh No: SHC5775A Yr Regn: 10, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A3

Make: Renault Latitude ex 1997

Colour A. Platinum A/C Insured / Std / Nil / NA

Sp. Reading 31457 T/Radio: Insured / Std / Nil / NA

Eng/No: ___

C/No: VF1ABL13ANE 277854

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: 215/60R16

R: ___

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALKEN

Front			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.	18/12/14		D.O.I.	22/12/14	

Survey held at ___

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

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

Date / Time	Action / Instruction
	I.B.I. $ 1,123.33
	(RED; $ 4,477.38/80%)

Date/Time, File Pass to? **: Preli. Report**

1) ___ **: Final Report**

Date/Time, File Return to?

2) ___

Days Of Repair: ___

Resurvey No. of Trip: ___

Survey Fee: ___

Transportation: ___

Add Fee: : Site Insp ($ ___) $ + RS $

: Interview ($ ___) Photos

: Tech. Invs ($ ___) Others

: Weekend ($ ___)

TOTAL ___

Report Format : ___

Lump Sum / I.B.I: ($ ___)