15/5/2010

Jaime

INS. CASE OWNER: Richard

CC3/EQI15009394/Kpa3q2-1

[redacted]

LKK:

IDAC:

ASSIGNMENT

Re-opened Case

Surveyor: Kenneth

DOI: 5/6/15 Date / Time: 5/6/15

Pre-assign / CCU / FTE

Insured Vehicle No.: SJA 5796 E

Name of Insured: Chia Cang Ong

Insured Tel No.: HP: 96198187

Excess Sec II :S$ D.O.A: 4/6/15

Claim No.: DMIS H0069019/RA

Policy No.: PMPPH214-003765

Make / Model: Suzuki Swift

Place of Accident: Turf Market Timah rd Newton Circle

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

If NO, Driver Name / Age:

Driver Tel No.:

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

(V/L: YES / NO Insured Liability: % Final ? Yes / No

SHC 5328 L → → →

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

Date/ Time	FOR CSO ONLY:
	Is driver the owner? (YES / NO)
9/6/15	If NO, Driver Name / Age:
Vivian	Driver's Own Vehicle Number: Insurance Company:
	SHC 5328 L – NA/NC 12007881/W1&2 d.o.a – 19/4/17
	SJA 5796 E – X d.o.a – X
	Email to wkshop liability unclear
16/6	confirm accident details. inform TP claim. agree to settle at best 50/50. aware NCD will be affected. water fund out
28/6/16.	Email from EO to submit w/P.
13/07/2020	Pls refer to VIEWS for details.
	29/6/16
	$600.00 - Trans-cab Auto Services Pte Ltd

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	16/6/15 LKK (QA) Sam 16/6/15
Call OI:	01010
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: 13/07/2020 Confirm with Wai Yin

Final Liability: 50 % (Agreed / Assessed)

BOLA S/N No.: U/C

If NO or B 28, Ass. Lia:

w/GST

Repair Cost: 952.30	S$ 476.15		
Loss of Rental: 265.36	S$ 132.68	(2 days) x $132.68	1) Claim status: Normal/Reject/Private Settle w/P
Loss of Use:	S$	($ x days)	2) Report Format:
Disbursement:	5.35		3) Survey fee: $400-00
Legal Cost:	S$		(No Bill to EQ)
Total:	S$ 614.18	**Global Sum: S$** 600.00	

(08/11/15)

REF: EQ/

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: 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: 2 1/2 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: SH 5328Z Yr Regn: 03 / 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A1

Make: Renault Latitude c.c 1995

Colour: m. White / Red A/C: Insured / Std / NI / NA

Sp.Reading 137900 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF1ABLIS Auc 276880

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Falken 215/60R16

R: GY

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

Front			Rear		
R/Bal.	4	mm	R/Bal.	2	mm
L/Bal.	4	mm	L/Bal.	2	mm
D.O.A.	4/6/15		D.O.I.	5/6/15	

Survey held at

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

o/s body

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

Date / Time	Action / Instruction
3/3/16	@ 890.00 Confirmed Jarmin (IBZX 132.68)
	Check injury firm
	(Pd: $ 12609.91 93%)

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: __S + RS, __SI

Add Fee: : Site Insp ($)

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

TOTAL

Report Format :

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