

Aida

15/5/2010

INS. CASE OWNER: Sundari

CC3/III150

12900

Kpa3q2

LKK:

IDAC:

Re-opened Case

## ASSIGNMENT

DOI: 14.08.15Date / Time: 14.08.15Registered in Merimen: 17.08.15

Pre-assign / CCU / FTE

Insured Vehicle No.: 8HC 61942Name of Insured: PRIMER TAXIS PTE LTDInsured Tel No.: 62148880HP: 13.08.15

Excess Sec II :SS

Nature of Accident: TP

Is driver the owner? (YES / NO)

Claim No.: MIP 14159815NPolicy No.: MIP 150003Make / Model: KIA OPTIMA-1.7D(A)Place of Accident: Now Bridge Road.If NO, Driver Name / Age: LOW SWEET KUAN

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

Driver Tel No.: 93895193(V/L: YES / NO Insured Liability: % Final ? Yes / No8HD 943M

INSRS:

WSP: trans-cab

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
3/8/15	<b>FOR CSO ONLY:</b>	Finalisation:	
3/8/15	Is driver the owner? (YES / NO)	Email AIG for OI GIA:	
3/8/15	If NO, Driver Name / Age :	Apt letter to OI:	
3/8/15	Driver's Own Vehicle Number:	Call OI:	
3/8/15	Insurance Company:	After call ltr to OI:	
3/8/15	8HD 943M - CC3/64110010150/Kpm3, DOA 12/6/15	Type Report:	
3/8/15	8HC 61942. X	Prepare Invoice:	
3/8/15		Others:	
3/9/15	Rec'd video from TP.	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
18/9/15	Seek approval from III to reject TP claim (via Menmen)	OI Apt Ltr:	<input type="checkbox"/>
18/9/15	III approved to reject TP claim (via Menmen)	Authorisation To Act:	<input type="checkbox"/>
7/10/15	Email to TP asksp reject TP claim	Release Voucher:	<input type="checkbox"/>
7/10/15	Rec'd email from TP: Appeal to service & claim.	Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		Approval Email:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
23/2/17	Re-seek instruction from III. No further instruction to submit up.		
27/2/17	File pass to Mei Kuan to close		

22/07/2021

Pls refer to VIEWS for details.

<b>FINAL SETTLEMENT</b>	Date: 22/07/2021	Confirm with: Jasmine	BOLA S/N No.: NIL
Repair Cost: 1,765.50	SS 1,500.68	Final Liability: 85	% (Agreed / Assessed)
Loss of Rental: 186.18	SS 158.25	( 2 days ) x \$93.09	If NO or B 28, Ass Lia:
Loss of Use:	SS	( \$ x days )	1) Claim status: Normal Reject Private Service (WIP)
Disbursement:			2) Report Format: TP
Legal Cost:	SS 350.00		3) Survey fee: <u>\$250.00</u>
Total:	SS 2,008.93	Global Sum: SS 2,000.00	\$350.00-\$250.00=\$100.00
			\$2,000.00 - Trans-Cab Auto Services Pte Ltd

ASS. REC. BY:

REF: TU /

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

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: \_\_\_\_\_

02 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: S110-9434Yr Regn: 08, C.9

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

Truck / Trailer or \_\_\_\_\_

Make: Toyotac.c. 1784Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: 703766

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDER12W203002821

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: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 8 mmR/Bal. 5 mmL/Bal. 8 mmL/Bal. 5 mmD.O.A. 13/8/15D.O.I. 14/8/15

Survey held at \_\_\_\_\_

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

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

Date / Time

Action / Instruction

17/8 Est not ready  
17/8 Fix part to Catherine

2/5 \$1650 (Red) \$5176.17/7690.

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Insp (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS: \$ \_\_\_\_\_

Photos \_\_\_\_\_

Other \_\_\_\_\_

TOTAL