

15/5/2010

INS. CASE OWNER:

CC 4/EQ1600 4853, m/hg3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MCA

DOI: 15/3/10

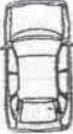
Date/Time: 15/3/10

Pre-assign / CCU / FTE

FBJ 7194B

Pre-assign / CCU / FTE

DMMP15-000429



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

Insured Vehicle Claim No. :

Name of Insured Policy No. :

Insured Tel No. Make / Model :

D.O.A. : 11/3/10 See D :SS Place of Accident :

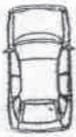
Nature of Accident : driver the owner

IF NO: Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT (YES) NO

(V/L: YES / NO) Driver Tel Insured Liability : %

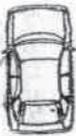
Final? Yes / No

SGQ 7195C

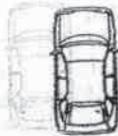


INSRS: WSP: Tel: Liability: RMKS:

klgs Trandin



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INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
15/3/10	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Final Liability: %	Confirm with: (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia: <input type="checkbox"/>
		Repair Cost: S\$		
		Loss of Rental (LOR): S\$	(days)	
		Loss of Use (LOU): S\$	(\$ x days)	
		Loss of Income (LOI): S\$	(\$ x days)	
		LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
		GIA/LTA Search: S\$		1) Claim status: Normal/Reject/Private Settle
		Medical: S\$	(e.g. Tow/ Independent)	2) Report Format:
		Disbursement: S\$		3) Survey fee:
		Legal Cost: S\$		
		Total: S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Payee 1: S\$	Name 1:	Email <input type="checkbox"/> Call <input type="checkbox"/>
		Payee 2: (Strike if N.A.) S\$	Name 2:	
		Payee 3: (Strike if N.A.) S\$	Name 3:	

Catherine Chong (LKK Auto)

From: Elaine Cheong <elaine.cheong@eqinsurance.com.sg>
Sent: Tuesday, 15 March, 2016 11:21 AM
To: assignments
Subject: TP SURVEY - ACCIDENT INVOLVING FBJ7194B (EQ) / SGQ7195C (TP) ON 11.03.16
Attachments: SGQ7195C SAS.pdf; FBJ7194B LTA.pdf; OI - FBJ7194B.PDF

Our ref : SGQ7195C

Policy No. : DMMPHQ15-000469

Dear All,

Please proceed to survey the above vehicle.

Liability is clear, please proceed for direct settlement, if possible.

We enclosed the following documents for your reference:

- Our insured, FBJ7194B - GIA report
- Third party, SGQ7195C - GIA report
- TP repair estimate

Regards,

Elaine Cheong
Senior Executive, Claims

EQ Insurance Company Limited

5 Maxwell Road,
#17-00 Tower Block,
MND Complex,
Singapore 069110
DID : 6500 6772
Tel : 6223 9433
Fax: 6223 4190
www.eqinsurance.com.sg

Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of it.

From: Evelyn Ng [mailto:evelynnngstrading@gmail.com]
Sent: Monday, March 14, 2016 5:19 PM
To: Elaine Cheong
Subject: Notification of Accident

Dear Sir/Madam,

RE ACCIDENT ON 11/03/2016 Along Junction of Middle RD to Waterloo Street

*15-03-2016 @ 11:45am
Evelyn. veh in
ma*

INVOLVING SGQ7195C & FBJ7194B

CLAIMS AGAINST VEH FBJ7194B (EQ INSURANCE)

SGQ7195C VEHICLE IS IN WORKSHOP

Kindly be informed that an accident involving my/our vehicle no. **SGB7195C** and vehicle(s) no. **FBJ7194B** had taken place at/along Junction of Middle Rd to Waterloo Street on date **11/03/2016** at time : **22:25 hrs** hours.

Please let us/me know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If I/we did not hear from you within 2 working days, I/we shall proceed to repair the vehicle without further notice and I/we shall claim for the additional loss of use arising from the giving of this notification to you.

Kindly let us have your claims reference, officer in charge of this case and please let us have your clients advice on quantum and liability.

Warmest Regards,

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NGS TRADING

Evelyn Ng HP96955547
Blk 10 Ang Mo Kio Ind Park 2a
#02-01 AMK AuotPoint
Singapore 568047
Tel: 64815727 Fax: 64815772