INS. CASE OWNE	P-	CC /F./EQI1600	5836,	Thas IDAC:				
IND CADE OWNER		ASSIGN		1				
Surveyor:	tandilch	DOI: 3/		Date / Time : 3(3)	ь			
Pre-assign / CCU	J/FTE			Registered in Merinien.				
Insured Vehicle N	6. : XD84	107.	Claim No.	: DWEFHOU	5-000053.			
Name of Insured	*							
Insured Tel No.				Policy No. :				
Excess Sec II :SS	ři – – – – – – – – – – – – – – – – – – –	D.O.A: 29/3/16.	Place of Accid					
Is driver the owner	o Cours William	Nature of Accident :	Tiace of Accid	Kilit .				
If NO, Driver Na	10 St. Diction (100 St.)	rature of Accident .	OLGIA DEDO	RT: YES / NO ; TP GIA REPOR	TVES NO			
Driver Tel	No. 1	(V/L: YES / NO)	Insured Liabili					
XB8618	<u></u>							
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabili RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	y:			
Date/ Time								
	XXX X GIR IN- CX	11110011091 MPD1	DON3 6/10	STAGE	DATE / PIC			
	XV OHM T-X			Non-Reporting ltr (1st): Non-Reporting ltr (2nd);				
				Non-Reporting ltr (Final):				
	()	(3)		Notification ltr (if non-pickup):				
	M			Call OI:				
	,			After call ltr to OI: Documentation Check List: Har	Aller Theretoe			
					idler Typist			
				Notification ltr (if non-pickup) After call ltr to OI:				
				Authorisation To Act:				
E				Release Voucher:				
				Final Repair Bill:				
				Car Rental Invoice:				
				Towing Invoice	Ħ Ħ			
				LTA / GIA :	= =			
				Medical Bill:	H H			
				PIR:				
				AND DESCRIPTION OF THE PERSON				
				Mandate/Reject Instruction:				
				Payment Breakdown Form:				
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:				
TAGEMANNA AD TAGE	Date Time,	Som Dy.		Others:	Ħ Ħ			
FINALIZATION	Date/Time:	Confirm with:		Confirm by:				
Repair Cost:	S\$ (days) Reduction:	%	Email	Call			
FINAL SETTLEMENT	Date/Time:	Confirm with	74	Email Call				
Final Liability:	Total 2011 10	/ Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:				
Repair Cost:	S\$	TENDOSOU) DOLLA S/IN INU.		11 110 01 D 20, 1133. Lild ,				
Loss of Rental (LOR):	S\$ (days)						
Loss of Use (LOU):	S\$ (\$ x	days)						
Loss of Income (LOI):	S\$ (\$ x	days)						
LOR only LOU only		OR + LOI [Tick only one	:]					
GIA/LTA Search	S\$		4					
Medical:	S\$			1) Claim status: Normal/Reject/I	Private Settle			
Disbursement:	S\$	(e.g. Tow/ Independer	nt)	2) Report Format:				
Legal Cost	S\$			3) Survey fee:				
Total:	SS	Global Sum SS:						
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call				

Payce 1:

Payce 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

SS

S\$

S\$

Name 1:

Name 2:

Name 3:

(08/13/13) REF:	
Burrener: Tompler.	EQ
Δ	SSIGNMENT
From: Date:	Veh No: XB 8915M Yr Regn: 2004, June
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck/Trailer or Tipper Truck.
To Inspect Vehicle No:	Make: 15434 CX 7. c.c 12068
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading S& 29 7 3 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JALCYESOK,43666011
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 215/80KZZ-5
(Policy Condition)	R: (0)
Remark: The veh had commenced its N/S O	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Techking.
Bal. or Market Value:	Front Rear 0/8
IDAC Accident Rport: Consistent? : Yes or No	R/Balmm R/Balmm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 8 mm L/Bal. 9/8 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 31/3/16@lla
Lum Sum: % 3 Val.: Yes or No	Survey held at 7 Son Lee St
CA / REV / REP. / 24 HRS . WP	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / C	
Date: Person Contacted: Liew Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
* u/s will pass extinate	(ufer.
£ 0 (3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	E CONTRACTOR OF THE CONTRACTOR
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	
	: Interview (\$) Photos
Report Format :	:Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	:Weekend (\$
	TOTAL

2/03/2002 ASS. REC. BY: REF:	s	Special Instruction		
urvajor: Taufilda ASSIGNMI	NT (Office)		9	
From (Person): Elaine Chang of	_ FOI	Date/Time;	30.13.2016	455pm
Estimated Cost:	Bill to:			
OD/TP/WS/TP RES/OD RES/EVA/INV/MY/C	8			
To Inspect Vehicle No: XB 8915M	Insure	d:X	D BHIST	
at Workshop m/s Hock Sun Mutur	Te	1: 6397	4185	T Dire
of 7 80m Lee St # 07	5-08			
Policy No: DMCFHQ15 - ODDO53	Claim No:			
Sum Insured:	Excess:			
Make of Veh: (Client's Record)		D.O.A	29.1B.2016	
CA / REV / REP. / REV 24 HRS DS Date/Time: 31-03-2016 93201M Person Contacted:	Mr. LLU	H.O.D. End Vehicle (IN)	OUT	
Date/Time Action/Instruction (V) Estimate				 ,
	4			
1 1 1	81			

Catherine Chong (LKK Auto)

From:

Elaine Cheong <elaine.cheong@eqinsurance.com.sg>

Sent:

Wednesday, 30 March, 2016 4:55 PM

To:

'assignments'

Subject:

TP SURVEY - ACCIDENT INVOLVING XD8419T (EQ) / XB8915M (TP) ON 29.03.16

Attachments:

OI - XD8419T.PDF; TP - XB8915M.pdf

Our ref

XD8419T

Policy No.

DMCFHQ15-000053

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, XD8419T GIA report
- Third party, XB8915M 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.