

INS. CASE OWNER:

CC 4. /EQI1600 5836, Tihg3.

LKK:
IDAC:

Surveyor: Tandikh DOI: 31/3/16 Date / Time: 31/3/16
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : XD84197Claim No. : DMEFFHQ15-000053

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 29/3/16

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

XB8915M →
 INSRs:
 WSP: Hock Sin motor
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC	
<u>XB8915M - CH</u> <u>XD84197 - X</u> <u>WSP!</u>	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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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\$	
Medical:	S\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

ASS. REC. BY:

REF:

Special Instruction:

Surveyor : Taufiq

ASSIGNMENT (Office)

From (Person): Elaine Chong of EQI Date/Time: 30.03.2016 14:55pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: XB 891BM Insured: XD 3419T

at Workshop m/s Hock San Motor Tel: 6397 4285

of 7 Sam Lee St #05-08

Policy No: DMCFHQ15-000053 Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24-13-2016
(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS'

H.O.D. Endorsement: _____

Date/Time: 31-03-2016 9:320m Person Contacted: Mr. Lew Vehicle IN/OUT

[illegible]

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

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