

15/5/2010

INS. CASE OWNER:

CC 4 / III1702

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

STAGE

DATE / PIC

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)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

Confirm by:

REALIZATION

Date/Time:

Confirm with:

Repair Cost:

S\$

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Total Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

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

☐

LOU only

☐

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

LTA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Total Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

See 1:

S\$

Name 1:

See 2: (Strike if N.A.)

S\$

Name 2:

See 3: (Strike if N.A.)

S\$

Name 3:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 6BC 51782at Workshop m/s 114530

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: _____

JAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: ✓ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 6BC 51782 Yr Regn: 12, 12

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

Truck / Trailer or (M)Make: FIAT DOBLO CARGO 1248Colour: white A/C: Insured / Std / NI / NASp. Reading: 139854 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2FA2630000-9176805

Gen. Cond: Good / Fair / Poor / Burnt

Steering: order / Jammed / Leaked / Burnt orBrake: order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 185/65R15

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

TOYO / YOKO or Kumho

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 19/6/13 D.O.I. 1/11/17

Survey held at _____

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

Minor n/s.

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

____ \$ + RS, ____ SI

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Wednesday, 1 November, 2017 9:15 AM
To: Susan Low; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)
Cc: Lalitha Krishnan - III
Subject: RE: Request for 3rd party survey GBC5178Z Claims against PA7059R
Attachments: GBC5178Z130619.pdf; IMG_0001.pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle GBC5178Z and let us have your report urgently.

This claim will be handled by Ms Lalitha.

*Kindly upload this survey request email to merimen.

Thank You.

9.20 am @ 01/11/2017
vehicle in
person @ Susan
sur @ March

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

From: Susan Low [mailto:liusbro@ymail.com]
Sent: 31 October, 2017 5:22 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Subject: Re: Request for 3rd party survey GBC5178Z Claims against PA7059R

We did like to chose as follow

LKK Auto Consultant Pte Ltd

Kindly arrange

Thank with Regard!

Susan Low

Liu's Brother Auto

No. 1 Kaki Bukit Avenue 6

AutoBay @ Kaki Bukit

Singapore 417883

☎ : 6741 1730

📠 : 6744 5746

On Oct 31, 2017, at 4:51 PM, Motor Claim - III <motorclaim@iii.com.sg> wrote:

Dear Sir / Mdm,

you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

View Received Message

This mail is associated with :

***GBC5178Z (MC2017/3074)**
[PA7059R]

TP
STVE PTE LTD
Jun 19 2013 11:00AM
[-]
Lius Brother Auto Workshop

Reply	Reply All	Mark as Unread	Print Message	Delete Message	Forward
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From India International Insurance Pte Ltd (HQ) (III_SG), sent on **03/11/2017 16:20 PM**.

To LKK_HQ

Subject Alert - Adj Mandate Approved (\$0.00) - GBC5178Z - Claim Handler: Lalitha Krishnan

Approved:0.00:Please note that this is an accident occurring in the Year 2013, why the claim has been delayed for so many years. Our insured has also not reported the alleged accident to us. As such, kindly inform repairers accordingly.

DOCUMENTS SUMMARY

There are no documents.