

INS. CASE OWNER:

JOEL

CC 3 / CTI170 2 2827 / 2a3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

01/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKE 9422A

Claim No.:

SNM17006768C02/2P

Name of Insured:

PHONEIX CAR RENTAL

Policy No.:

DMHCSN/747751700

Insured Tel No.:

HP:

98264969

Make / Model:

TOYOTA AXIO

Excess Sec II :\$S

D.O.A.:

22/11/17

Place of Accident:

ADAM RD TOWARDS LORNIE R.

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age:

TAN YIFANG, ADELINE

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

Driver Tel No.:

(V/L: ☒ YES / NO)

Insured Liability:

%

Final ? Yes / No

GBG 204T



INSRS:

WSP: Cycle & Carage

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

15/12/17 (Zayer)

GBG 204T - X ; SKE 9422A - X

* TO OBTAIN A COPY OF THE RENTAL AGREEMENT/EMPLOYMENT RECORD, THIRD PARTY VIDEO FOOTAGE AND SCENE PHOTO BEFORE ANY SETTLEMENT.

19-1-18

FILE RECEIVED FROM ZAYER

* NO SURVEY DONE - ?

21-05-18

ASK TP TO PRODUCE CCTV TO DETERMINE WHO IS LIABLE? OTHERWISE EQUAL SHARE IS AN IDEALABLE SOLUTION.

31-05-18

TO CANCEL CASE. NO SURVEY DONE. TP ADVISED TO CLOSE.

u

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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final 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]

GIA/LTA Search

\$S

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$S

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

Name 1:

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

Joy Irene (LKKAuto)

From: Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>
Sent: Thursday, 31 May 2018 4:47 PM
To: Joy Irene (LKKAuto)
Cc: Admin A; Mars Ler
Subject: RE: GBC 3553L ON 22.11.2017

Hi Joy,

Please close the case in your end.

Thank you,

Best Regards,

Christopher L. Bulaclac
Senior Executive- Service Operations
H/P 96552177 D/D 65949160
email : chris.bulaclac@ccfulco.com.sg
Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 UBI Road 3 Singapore 408650
Tel : 67461000
Fax : 64875857

From: Joy Irene (LKKAuto) [mailto:JoyIrene@lkkauto.com]
Sent: Thursday, 31 May 2018 16:45
To: Chris Bulaclac
Cc: Admin A; Mars Ler
Subject: RE: GBC 3553L ON 22.11.2017

Hi Chris,

Liability is unclear. Pending evidence.

In the absence of evidence from both, we are looking into an equal apportionment, subject to insured's agreement/approval.

Let me know if you are to proceed with TP claim or to cancel , no survey done in our record.

Thank you.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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From: Chris Bulaclac [<mailto:chris.bulaclac@ccfulco.com.sg>]
Sent: Thursday, 31 May 2018 4:41 PM
To: Joy Irene (LKKAUTO) <JoyIrene@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>; Mars Ler <mars.ler@ccfulco.com.sg>
Subject: RE: GBC 3553L ON 22.11.2017

Hi Joy,

How's the liability?

Thank you,

Best Regards,

Christopher L. Bulaclac
Senior Executive- Service Operations
H/P 96552177 D/D 65949160
email : chris.bulaclac@ccfulco.com.sg
Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 UBI Road 3 Singapore 408650
Tel : 67461000
Fax : 64875857

From: Joy Irene (LKKAUTO) [<mailto:JoyIrene@lkkauto.com>]
Sent: Thursday, 31 May 2018 15:11
To: Chris Bulaclac
Cc: Admin A
Subject: GBC 3553L ON 22.11.2017
Importance: High

Good afternoon Chris,

Kindly assist to confirm is your client is pursuing Third-Party claim against M/s China Taiping.

Please advise.

Thank you.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report: 24/11/2017 Time: 1600
Date of Accident: 22/11/2017 Time: 1710
Exact Location of Accident: PIE Towards BKE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: GBC 204T Name of Registered Owner: Fulco Leasing Pte Ltd
NRIC/Passport No./FIN: Company Reg. No.(for Company Veh): 2010213086

VEHICLE PARTICULARS

Manufacturer: Maxus Model: G10
Exact Purpose for which vehicle was being use at time of Accident ☒ Normal Usage ☐ Others
Are You Claiming Under Your Own Insurance? ☐ YES ☐ NO Reporting Only ☒ NO 3rd Party
Vehicle Category ☐ Private car ☒ Commercial Vehicle

INSURANCE DETAILS

Name of Insurance: AIG
Type of Coverage: ☒ Comprehensive ☐ Third Party
Policy Number: C0071820 (cover note)
Driver when the Accident Happen
Name of Driver: Thng Leng Ming NRIC/Passport/Fin No: S6925424A
Date of Birth: 17/07/1969 Occupation: Driver
Date of Driving Pass: 17/10/1989 Gender: ☒ Male ☐ Female
Mobile No.: 97346222 Home No.: 67630705
Address: BLK 692B Choa Chu Kang Crescent #02-22 Postal Code 682692
Email Address: -
Was the Driver an Employee of the Insured's Company: ☐ Yes ☒ No State the relationship of the driver to insured Leaser.
Vehicle Registration Number of driver's Own Vehicle: -
Insurance Company: -

OTHER INFORMATION OF THE ACCIDENT

Type of Accident: side swipe / Change lane
Weather Condition: ☐ Clear ☒ Raining ☐ Others, please specify
Road Surface ☐ Dry ☒ Wet ☐ Others, please specify
Was Anybody Injured: ☒ No ☐ Yes
Was Any other material or Property Damaged: ☒ Yes ☐ No Number of Passengers(Including Driver): 1
Any Accident Photo in the Scene of Accident: ☒ Yes ☐ No Was there any video captured by your Camera?: Yes
Was the Accident reported to police: ☐ Yes ☒ No Was there any audio recording?: NO
Which Police Station: -
Was notice of Intended Prosecution given: -

DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number: SKE 9422A Name of Registered Owner:
NRIC/Passport No./FIN: Company Reg. No.(for Company Veh):
Name of Driver: NRIC/Passport/Fin No:
Mobile No.: Home No.:
Address: Postal Code
Email Address:
Insurance Company:

Details of Witness if any

Witness Name:
Contact Number:
Physical Address:

Details of Injured Person

Name: Age:
Address:
Injured Sustained: Injured Person In which vehicle:
Wearing Seatbelts worn: ☐ Yes ☐ No

Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	S8738822J
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	3A
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

PROVISIONAL DRIVING LICENCE

You (S8738822J) are not a valid Provisional Driving Licence Holder.

The above information is accurate as at 15/12/2017 12:01 AM.