

INS. CASE OWNER:

CC 4 / FWD1 800 3519, ea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : 5JU7351L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 21/4/18

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

SLT 4110 S

INSRS:

WSP: 76Tel : Autodrive

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:

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:

Nivitha (LKK Auto)

From: clara.li@fwd.com
Sent: Friday, 23 February 2018 12:07 PM
To: assignments@lkkauto.com; admin-a@lkkauto.com; admin-d@lkkauto.com; sur@lkkauto.com
Cc: AsherSng@lkkauto.com; motorclaims.sg@fwd.com
Subject: FW: Accident Involving SLT4110S & SJU7351L On 21/02/18
Attachments: SLT4110S GIA Report.pdf; Estimate Before Survey.pdf

Hi LKK team,

Please refer to the email below and liaise with TP repairer for survey arrangement.

Attached is the repair estimate, TP GIA report.

Please explore direct settlement with TP repairer and create the case in Merimen.

Thank you.

Kind Regards

Clara Li

Senior Executive, Claims

FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

T (65) 6727 5722

E clara.li@fwd.com

W fwd.com.sg



12.37pm @ 23/2/18
person @ shawn
vehicle not in

	Endowment Plan Get the biggest guaranteed return for a 3 year plan available online. Limited time offer!		2.02% p.a. fwd.com.sg save now
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From: Shawn Chua / TCAC [mailto:shawnchua@tanchong.com]

Sent: Friday, 23 February, 2018 11:53 AM

To: Motor Claims SG - SG Common

Cc: Kelvin Heng / TC AUTO CLINIC

Subject: Accident Involving SLT4110S & SJU7351L On 21/02/18

Dear Sir/Madam,

Our customer holds your insured driver, **SJU7351L** liable for the accident on **21/02/18** and would like to claim against your insured driver. We hereby inquire whether you would like to have a direct settlement with our customer, **SLT4110S**.

If you minded to reach an amicable direct settlement with our customer, please let us have your substantive reply strictly by **28/02/18**.

Otherwise our customer will proceed in a manner that he deems fit.

Kindly let me know when I can arrange a survey appointment with the owner.

Attached herewith the **GIA Report** and **estimate of repair cost** for **SLT4110S**.

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Regards,

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019



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