

INS. CASE OWNER:

CC 4/EQ1800 9392 / 67003

LKK:

IDAC:

Surveyor:

KHL

DOI:

ASSIGNMENT

21/05/18

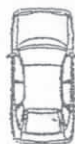
Date / Time:

21/05/2018

Registered in Merimen:

Pre-assign / CCU / FTE

YL88M



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

16/05/2018

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

SLU 4872X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Allswell



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLU 4872X-X,
 YL88M-CC4/EQ1800-15820/116392; non-21/05/18
 Under investigation. To not settle.
 To not report.

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: P/P S\$ 647.50 (1 days) Reduction: 1236.08 % 66

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/08/2020 Confirm with BEN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 692.83 (W/GST)

Loss of Rental (LOR): S\$ 240.00 (2 days) x \$120.00

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\$ 2.00

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 934.83

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 934.83

Name 1: ALLSWELL MOTOR TRADERS

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

1) Claim status: ☐ Denial/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$400.00

(08/11/13)

Surveyor: XML

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Alls well

of _____

Insured: _____

Policy No. _____

Claims No. _____

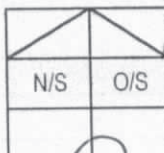
Sum Insured: _____

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: _____

IDAC 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: SLU4872 XYr Regn: 4/12/2017

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

Truck / Trailer or

Make: Toyota C-HR

c.c

1797Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 38304

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 8YX102081540

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R17R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 22-5-18Survey held at w/s1230pm

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

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

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

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

Catherine Chong (LKK Auto)

From: Janet Tan <janet.tan@eqinsurance.com.sg>
Sent: Monday, 21 May, 2018 9:00 AM
To: assignments
Cc: Admin A
Subject: FW: FW: SLU4872X Accident - 3rd party claim against EQ Insurance insured YL88M
Attachments: SLU4872X SAS REPORT.PDF

Dear all,

Please arrange to attend to the PRS as SJE.

We are following up with insured on non reporting.

Thank you.

Regards,

Janet Tan
Senior Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6496 9032 | tel 65 6223 9433 ext 032 | fax 65 6223 4190
www.eqinsurance.com.sg



21052018 @ 11:23am
Chai Yee 6679 1146
veh not in

Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.

From: account5 leasing [mailto:account5@allswellmotor.com.sg]
Sent: Friday, May 18, 2018 5:44 PM
To: ben OOI <ben@allswellmotor.com.sg>; Janet Tan <janet.tan@eqinsurance.com.sg>
Subject: Re: FW: SLU4872X Accident - 3rd party claim against EQ Insurance insured YL88M

Dear Janet,

(SAVE as to COSTS)

Please get **LKK Auto Consultants Pte Ltd** to perform the SJE. Do survey the vehicle soonest..

Thanks
Chai Yee