

INS. CASE OWNER:

CC 3, AG 180 15627, wa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

28/8

UNKN

SLH51405 ; na/mk 1205486/13 ; vtr: 15/8/18
GBH 2387E

Email to workshop liability under

04-04-19

6

No survey done Cancel File.

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

LOR + LOI

LOR + LOI

LOR + LOI

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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:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Cancel File

3) Survey fee:

Vivian Lau (LKKAUTO)

From: Vivian Lau (LKKAUTO)
Sent: Thursday, 4 April, 2019 2:55 PM
To: 'Chan, Kian-Meng'
Cc: Hsiao Tong (LKKAUTO)
Subject: Your ref: 6324186787SG, Our Ref: CC3/AIG18015627/wa3, Accident Involving SLG 5140S and GBH 2387E on 25/08/2018

Your ref: 6324186787SG
Our Ref: CC3/AIG18015627/wa3

Dear Kian Meng

Accident Involving SLG 5140S and GBH 2387E on 25/08/2018

We refer to the above matter

Please be informed that till date TP did not arrange for survey.

In view of the above, We will proceed to close file, no survey done.

If any new development in future, we will keep you informed for an update and follow up the matter accordingly.

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)