

INS. CASE OWNER:

CC 4 / UPC 180 16128 /

ea3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

30/08/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKT 5197Y

Claim No.:

17/08/18/UP05/020852

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

24/8/2018

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

SKU738P



INSRS:

WSP:

Tel:

Liability:

RMKS:

7c Autodrive



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC	
SKU738P. NA/7m/15071X6/4K : DSA. 9/10/18 SKT 5197Y. X * To cancel case. No survey done.	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:

Catherine Chong (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Thursday, 30 August, 2018 9:48 AM
To: Ho Yue Meng; assignments@lkkauto.com; Catherine Chong (LKK Auto)
Cc: MT_Claim_SG; Affendi
Subject: RE: Accident Involving SKU738P and SKT5197Y on 24/08/2018 Our Ref: 17/18/18/VP05/020852

Without Prejudice

Dear Mr Ho

As spoken, please liaise with LKK Auto Consultants Pte Ltd if survey is required.

Dear Catherine/Nivitha

Please follow up on TP survey.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

*04092018 @ 9.09 am
Mr. Ho veh not in.*

From: ONG LI LI
Sent: Wednesday, 29 August, 2018 5:11 PM
To: Ho Yue Meng
Cc: MT_Claim_SG; Affendi
Subject: RE: Accident Involving SKU738P and SKT5197Y on 24/08/2018 Our Ref: 17/18/18/VP05/020852

Without Prejudice

Dear Mr Ho

Please advise if you still require us to survey your client's vehicle.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Ivy Lam [<mailto:IvyLam10@hotmail.com>]
Sent: Tuesday, 28 August, 2018 9:06 AM
To: Ho Yue Meng
Cc: MT_Claim_SG; Affendi
Subject: Re: Accident Involving SKU738P and SKT5197Y on 24/08/2018 Our Ref: 17/18/18/VP05/020852

How now? Wat can be done , I hv no camera to proof
Pls adv Thks
Ivy
Sent from my iPhone

On 27 Aug 2018, at 12:17 PM, ONG LI LI <llong@lonpac.com> wrote:

Without Prejudice

Dear Mr Ho

According to our Insured, liability is against your client.

Do you still want us to arrange survey?

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Ho Yue Meng [mailto:ho_yue_meng@tanchong.com]

Sent: Monday, 27 August, 2018 10:11 AM

To: MT_Claim_SG

Cc: Ivy Lam; Affendi

Subject: Accident Involving SKU738P and SKT5197Y on 24/08/2018

Importance: High

Dear Sir,

Our client, owner of vehicle SKU738P was involved in an accident with your insured vehicle SKT5197Y on 24/08/2018 and our client wanted to make a 3rd Party Direct Settlement with your company.

Please find attached for details.

We will arrange for survey once liability has been established to be in our client's favour.

Best Regards

YM Ho

TC Autoclinic Pte Ltd

No 1 Sixth Lok Yang Road

Singapore 628099

DID : 67038432

<ESTIMATE - SKU738P.PDF>