

INS. CASE OWNER:

CC3/111 180 mobs, gas

LKK:
IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

Is driver the owner?

(YES / (NO))

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / 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

14/1

809

20/11/19 - 10 days work send TP

20/11/19 - TP convert to OD claim. cancel case -

4

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:

CANCEL

CANCE

Cecilia Chong (LKK Auto)

From: PBSP <pml-pbsp@simedarby.com.sg>
Sent: Monday, 19 August 2019 4:33 PM
To: Cecilia Chong (LKK Auto)
Subject: Fw: YOUR REF: SCP 22S (OUR REF: CC3/III18022065/ga3) *** ACCIDENT INVOLVING SH 8213H & SCP 22S ON 05/12/2018 ***

Dear Cecilia

Please see email below which is self-explanatory. Please inform your Principal accordingly.

Thank you.

Regards,
Caroline
C/o Performance Motors Limited - Body and Paint
303 Alexandra Road Singapore 159941
DID: 6319 0174 Fax: 6479 4601

From: Chua Kee Sin <chua.kee.sin@simedarby.com.sg>
Sent: Tuesday, 30 July 2019 9:59 AM
To: PBSP <pml-pbsp@simedarby.com.sg>
Subject: RE: YOUR REF: SCP 22S (OUR REF: CC3/III18022065/ga3) *** ACCIDENT INVOLVING SH 8213H & SCP 22S ON 05/12/2018 ***

Dear Caroline,

This claim is conducting own claim recovery.

Thank you

Regards,

Chua Kee Sin

Senior Customer Service Advisor | Body and Paint
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Hp (+65) 9116 5200 | Fax (+65) 6479 4601
chua.kee.sin@simedarby.com.sg

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 20 August 2019 2:01 PM
To: 'Sundari Nagarajan - III'
Subject: YOUR REF: MCT18120538 (OUR REF: CC3/III18022065/ga3) *** ACCIDENT INVOLVING SH 8213H (OI) & SCP 22S (TP) ON 05/12/2018 ***

Dear Sundari,

We refer to the above matter.

TP repairer inform that their client is claiming against own insurance.

Thus we will proceed to close off the case as no survey has been done.

Thanks

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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