

INS. CASE OWNER:

**ASSIGNMENT**

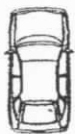
Surveyor:

DOI:

Date / Time : 15/01/2020

Registered in Merimen: 15/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJL 4883K

Name of Insured : TAY SOON THIAM

Insured Tel No. : HP: 97486964

Excess Sec II : S\$ D.O.A : 10/01/2020 08:45

Is driver the owner? ( ☒ YES / NO ) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Claim No. : 4229111976SG

Policy No. : SD19V05575/VBS/R00

Make / Model : MITSUBISHI SPACE STAR-1.2 (A)

Place of Accident : BEDOK NORTH ROAD

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

X

PC 730X

INSRS:  
WSP: BEDOK MOTOR  
Tel: ENGINEERING  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	PC 730X - X	SJL 4883K - X	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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>

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. : 15

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

TP CHANGED LANE HIT OI.

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\$:**Email ☐ Call ☐**FINAL PAYMENT**

Date/Time:

Confirm with:

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

## **Asher Sng (LKKAuto)**

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**From:** Asher Sng (LKKAuto)  
**Sent:** Monday, 23 March 2020 3:57 PM  
**To:** Jeremy.Goh@aig.com  
**Subject:** Your Ref: 4229111976SG // ACCIDENT INVOLVING SJL 4883K AND PC 730X ON 10/01/2020

Your Ref: 4229111976SG

Hi Jeremy,

We refer to the above matter.

### **ACCIDENT INVOLVING SJL 4883K AND PC 730X ON 10/01/2020**

We were informed by TP workshop that claimant do not come back to their workshop for survey / repair up to date as the liability not in third party favour.

In view of the above, We will proceed to close file without bill.

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

phone: 6841-6051 | email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108

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