ISS. CASE OWNER:	CC4/LPC20001965/	ha3	LKK: IDAC:	
Surveyor:	ASSIGNMENT DOI:	Date / Time :	03/02/2020	

Curronor		DOI:	I	Date / Time : 00/02/20			
Surveyor:			I	Registered in Merimen:			
Pre-assign / CCU /	FTE			40/00/200/000/	022088		
Insured Vehicle No.	Insured Vehicle No. : YL 5316Y			: 19/20/20/VC00/022988			
Name of Insured	:	Policy No.			-		
) <u>u</u>		HP:	Make / Model :			_	
29/01/2020 Place of				ident :			
Excess Sec II :S\$	( YES / NO )	Nature of Accident :					
Is driver the owner?	(YES/NO)	Nature of Accident.	OLGIA PEPOR	T: YES / NO ; TP GIA REP	ORT: YES /	NO	
The second secon	If NO, Driver Name / Age:  Driver Tel No.: (V/L: YES / NO)		Insured Liability				
SMD 5371X							
INSRS: WSP: CITY A Tel: Liability: RMKS:	UTO INSRS WSP: Tel: Liabilii RMKS	ıy:	INSRS: WSP: Tel: Liability: RMKS:	WS Tel Lia			
Date/ Time				STAGE	DATE	/ PIC	_
	SMD 5371X NBA/L	PC20001927/Y; DOA: 2		Non-Reporting ltr (1st):	2.1.1.2		
	YL 5316Y NBA/LPC2000192771, BOA: 20.01.2020			Non-Reporting ltr (2nd):			
	06022020 LPC (Or	g LiLi) called in and	informed	lon-Reporting ltr (Final): lotification ltr (if non-pickup)			_
	06022020 LPC (Ong LiLi) called in and informed cancel case as damaged to TP only side mirror. She will send email to cancel case and no survey to be done.			Call OI: After call ltr to OI:			
	send email to cance	el case and no survey	to be done.	Documentation Check List:	Handler	Typist	
				lotification ltr (if non-pickup)			
				After call ltr to OI:			
				uthorisation To Act:			
				elease Voucher:			
01-4-20	TO CANCEL NO SURVE	/		Final Repair Bill:			
17 700	10 1112 140			Car Rental Invoice:			
4				Towing Invoice			_
-				LTA / GIA:			_
				Medical Bill:			
				PIR:			
				Mandate/Reject Instruction:			
				LOD			-
				Payment Breakdown Form:			-
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		-=	1
				Others:			,
INALIZATION	Date/Time:	Confirm with:		Confirm by:	Call	$\neg$	_
Repair Cost:	S\$ (	days) Reduction:	%	Email	Call		
FINAL SETTLEMENT	Date/Time:	Confirm with  / Assessed) BOLA S/N No.:		Email Call If NO or B 28, Ass. Lia:			
inal Liability:		If NO or B 28, Ass. Lia :					
Repair Cost:	S\$	dava					
Loss of Rental (LOR):	S\$ ( S\$ (\$ >	days) days)					
oss of Use (LOU):	S\$ (\$ > > S\$						
Loss of Income (LOI):  LOR only LOU only		LOR + LOI [Tick only	one]				
GIA/LTA Search	S\$	zort , zo , to.	*				
Medical:	S\$			1) Claim status: Normal/Re	ject/Private S	Settle	
Disbursement:	SS						
Legal Cost	S\$			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:					_
mine or (minine in trivial)	10.7						

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)

## Nivitha (LKK Auto)

1968 has

From:

ONG LI LI < llong@lonpac.com>

Sent:

Monday, 3 February 2020 2:30 PM

To:

Subject:

City Auto; MT\_Claim\_SG; assignments@lkkauto.com; Summer Lee (LKK Auto) RE: Arrange survey on SMD5371X Our Ref: 19/20/20/VC00/022988 [External

General]

Attachments:

Estimate.pdf; GIA report.pdf

p: vronica y: Notin

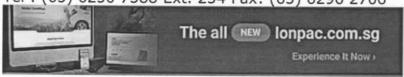
## Lonpac External - General

Dear Nivitha

Please arrange 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



Lonpac External - General data is for internal / external use.

From: City Auto [mailto:cityauto@singnet.com.sg]

Sent: Monday, 3 February 2020 12:48 PM To: MT\_Claim\_SG <mt\_claim@lonpac.com> Subject: Arrange survey on SMD5371X

Dear Motor survey department,

Kindly arrange LKK Auto Consultants Pte Ltd survey on following vehicle:

Survey TP,

Your vehicle: YL5316Y

Our vehicle: SMD5371X

D.O.A : 29/01/2020

LOCATION : Blk 160, Sin Ming Drive, Sin Ming Auto City #05-01 Singapore 575722

Thank you.

Best Regards,

Vronica Law City Auto Pte Ltd Blk 8 Sin Ming Industrial Estate,