

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 05/02/2020

Registered in Merimen:

X

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1728C

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 04/02/2020 09:55

Place of Accident : ALONG ORCHARD ROAD TWDS ISTANA

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

SGF 8664S

INSRS:
WSP: MODERN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SGF 8664S - CC6/III19009011/wa3; DOA: 20.05.19	Non-Reporting ltr (1st):
	- NA/INC18010936/h4; DOA: 17.06.18	Non-Reporting ltr (2nd):
	- NA/INC18014021/Bh4; DOA: 01.08.18	Non-Reporting ltr (Final):
	SHA 1728C - CS/FCI18010290/T1sd3n2; DOA: 01.06.18	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		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 <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search: S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format: _____
Disbursement: S\$	(e.g. Tow/ Independent)	3) Survey fee: _____
Legal Cost: S\$		
Total: S\$	Global Sum S\$:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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: _____	

23-03-20 To cancel case. No survey done.
TP withdrawn claim.

Nivitha (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Wednesday, 5 February 2020 10:42 AM
To: assignments
Subject: FW: TP Claim SGF8664S & SHA1728C (MS First Capital)
Attachments: SGF8664S_04022020.pdf

Hi

Kindly assist.

To check availability of the case handler, you may contact the undersigned.

"Wishing you a Happy and Prosperous Lunar New Year"



Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

check liability

P. Grace

T: 16.589.4 5/2/20

V: UA

G. ✓

From: Chin <chin@modernautomotive.com.sg>
Sent: Wednesday, 5 February, 2020 10:41 AM
To: Admin A <admin-a@lkkauto.com>
Subject: Re: TP Claim SGF8664S & SHA1728C (MS First Capital)

Dear Sir

We refer to the above matter.

Kindly arrange survey and advise liability of the accident as follow:

Your Insured: SHA1728C

Our Insured: SGF8664S

DOA: 04.02.2020

We enclosed herewith our client's report for your perusal and please revert asap.

Thank you

Regards,
Grace Chin
Modern Automotive Pte Ltd
Blk 3023-A, Ubi Road 1 #01-61
Singapore 408717

Tel: 6748 4422
Fax: 6747 6720