

ASSIGNMENT

From: _____ Date: 17.2.2020

Veh No: SMP 7650S Yr Regn: 2018/ NOV

Estimated Cost: _____

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SMP 7650S

Make: Audi A4 Sedan 2015 c.c. 1984

at Workshop m/s Premium Automobiles

Colour: BLACK A/C: Insured / Std / NI / NA

of 281 Alexandra Road

Sp. Reading: 28458 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: Wau 222 F41JA081451

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: \$1600/-

Steering: In order / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or _____

Make of Veh: 100am ownr waihy

Modi: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)

Tyre Size: F: 205/60R16

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or CONTINENTAL

Bal. or Market Value: 128k

Front 6 mm Rear 6 mm

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 6 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 6 mm

Est. Repairs: _____ days Res.: Yes or No

D.O.A. 12/62/2020 D.O.I. 17/62/2020

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at PREMIUM

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>17/2/2020-14:48</u>	<u>Request mandate</u>
<u>20/2/2020-11:25</u>	<u>Mandate approval by Victor, Labour / photo require</u>
<u>20/2/2020-3:43pm</u>	<u>Email premium authorise repair</u>
	<u>Part my part \$2762.96 (red 16006.04 : 35%)</u>

Date/Time, File Pass to? : Preli. Report

Days Of Repair: 5

1) : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)	Add Fee: <input type="checkbox"/> : Site Insp (\$ _____)	Survey Fee: _____
	<input type="checkbox"/> : Interview (\$ _____)	Transportation: _____
	<input type="checkbox"/> : Tech. Invs (\$ _____)	S + RS, SI
	<input type="checkbox"/> : Weekend (\$ _____)	Photos
Report Format : _____		Others
Lump Sum / I.B.I: (\$ <u>2762.96</u>)		TOTAL

Nivitha (LKK Auto)

From: Claims <claims@premiumauto.com.sg>
Sent: Thursday, 13 February 2020 4:09 PM
To: 'SUR'; 'assignments'
Cc: 'Claims'
Subject: OD CLAIMS FOR SMF 7650 S
Attachments: SKM_364e20021316020.pdf; SMF 7650 S 12022020 GIA REPORT.PDF

Dear all,

Please assist to register own policy claims for the above mentioned vehicle.

Kindly arrange the survey on 17 of feb @ 10am, owner waiting.

Address : 281 Alexandra Road Singapore 159938

Thank you.

Best Regards,
George Wong
Claims Advisor

Premium Automobiles Pte Ltd (Reg No 199902271W)
281 Alexandra Road Singapore 159938
p. +65 6366 2323, option 1
e. Claims@premiumauto.com.sg w. www.audi.com.sg
Audi Showroom 281 Alexandra Road Singapore 159938 p. +65 68362223



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Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Thursday, 20 February 2020 3:43 PM
To: Claims Dept; SUR; assignments
Subject: RE: OD CLAIMS FOR SMF 7650 S

Dear Sir,

As instructed by our client, please proceed to repair the insured vehicle **SMF 7650S (Excess \$1600/-)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their rights **not to pay** if there is no valid approval obtained before repair.

Note: Labour 1 photo require

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

From: Claims Dept <claims@premiumauto.com.sg>

Sent: Thursday, 20 February 2020 8:07 AM

To: Denise Tay (LKKAuto) <denisetay@lkkauto.com>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

Cc: 'Claims Dept of CTI' <claimsdept@sg.cntaiping.com>

Subject: RE: OD CLAIMS FOR SMF 7650 S

Dear Denise,

Attached interview form for your kind reference.

Thank you.

Best Regards,
Tony Foong
Claims Advisor

Premium Automobiles Pte Ltd (Reg No 199902271W)

55 Ubi Road 1 Singapore 408699

p. +65 6366 2323, d. +65 67689911

e.<mailto:claims@premiumauto.com.sg> w. www.audi.com.sg

Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223

View Received Message

This mail is associated with :

***SMF7650S (0473560733SG)**

OD
Feb 12 2020 11:30AM
[MARTIN SURYADI]
Premium Automobiles Pte Ltd

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on 20/02/2020 11:28 AM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$2736.00) - SMF7650S - Claim Handler: Mithoo Singh, Aashweenjeet Kaur

Approved:2736.00:Authorise repair. Labour 1 photo require. Re-inspection to be done for damage check and supplementary items / labour with clear photos.

DOCUMENTS SUMMARY
 There are no documents.

There are no documents.

Approved: 2736.00: Authorise repair. Labour 1 photo require. Re-inspection to be done for damage check and supplementary items / labour with clear photos.

Category	Count	Amount
Labour	1	2736.00
Photo	1	0.00
Re-inspection	1	0.00
Supplementary items	1	0.00
Total	4	2736.00

MOBILE TO BE CONTACTED BY SINGAPORE EXPRESS