15/5/2010

INS. CASE OWNER:

CC 4 /LPC1600 4854/ML1J/2635

LKK:

IDAC:

ASSIGNMENT

Surveyor: MCF

DOI: 14/2/16

Date / Time: 15/3/16

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	SCV 7808P	Claim No. :	15/16/16/VP05/018456
Name of Insured :	LIEW EHIM HWA	Policy No. :	Z15VP05003276
Insured Tel No. :	HP:	Make / Model :	VOLKSWAGEN
Excess Sec II :S$	D.O.A : 14/2/16	Place of Accident :	PIE (CHANGI) NEAR PAYA LEBAR EXIT
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age : LIEW YU WEI

Driver Tel No. : 98339441 (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SH 6771B → SCV 7808P → SJM 2131E → SJW 1090T

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: OI	INSRS: AUTO WSP: WOKZ Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
30/3/16	SJM2131E – x PCV7808P – x
2PY	
31/3/16	File review, 5 vehicle chain collision
	OI was last.
17-5-18	WP – NO DEV. FROM TP SINCE INSPECTION.
17-5-18	CLOSE FILE.
	RECEIVED 17 MAY 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	NA
Non-Reporting ltr (2nd):	NA
Non-Reporting ltr (Final):	NA
Notification ltr (if non-pickup):	NA
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	X	
Authorisation To Act:	X	
Release Voucher:	X	
Final Repair Bill:	X	
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	/	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:	/	
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : OO (5 veh ccollsn)
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	WP FILE
Loss of Use (LOU):	S$ — ($ x days)	JOY
Loss of Income (LOI):	S$ — ($ x days)	17-5-18
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $350
Total:	**S$** **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:

REF: LPC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Auto Worz

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJM 2131E. Yr Regn: DEC 08.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / (M) Truck / Trailer or _____

Make: Suzuki Swift c.c 1586.

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

Sp.Reading 84298 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZC31S205486

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/45/R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Kumho

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	12/03/2016	D.O.I.	14/03/2016

Survey held at _____

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

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

Date / Time	Action / Instruction
	No Estimate upon Survey.
	REPAIR RANGE 10K to 12K with 9 days
	17/05/2018

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

LONPAC INSURANCE BHD

Ref : CC4/LPC16004854/M1zb3

100 BEACH ROAD
#19-00 SHAW TOWERSINGAPORE 189702

Date : 15-03-2016

Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SCV 7808P	Veh. Inspected	SJM 2131E
Policy No.		Coverage ($)	0.00
Claim No.		Excess ($)	0.00
Assign From		Assign Date	15/03/2016

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

5. General Information

Accident Date	12/03/2016	Inspection Date	14/03/2016
Survey held at	AUTOWORX HOUSE 176 SIN MING DRIVE #02-01 SINGAPORE 575721		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Catherine Chong (LKK Auto)

From: ERIC WOO JUN KIAT <ericwoo@lonpac.com>
Sent: Monday, 14 March, 2016 3:00 PM
To: assignments@lkkauto.com
Cc: GERALD POH WEE BIN; LIONEL CHUA KOK KEONG
Subject: Accident involving SJM 2131E & SCV 7808P along PIE towards Changi on 12/3/16
Attachments: 14032016145544.pdf

Our ref: 15/16/16/VP05/018486

Dear Catherine,

We attach a copy of an email from Autoworx House for your attention.

Please proceed to conduct a survey of the vehicle on without prejudice.

We look forward to receiving your report soon.

Best Regards,
Eric Woo
Claims Executive | Lonpac Insurance Bhd
100 Beach Road, #19-00 Shaw Tower, Singapore 189702
Tel: (65) 6250 7388 Ext. 252 | Fax: (65) 6296 2706

14.3.2016 @ 3.08pm
memesan veh in
MG.

Shu Pei (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Wednesday, 30 March, 2016 3:52 PM
To: Shu Pei (LKK Auto)
Cc: CHEW BENG KEE; LIONEL CHUA KOK KEONG; ERIC WOO JUN KIAT
Subject: RE: Accident involving SJM 2131E & SCV 7808P along PIE towards Changi on 12/3/16 ***LKK REF:CC4/LPC16004854/M1zb3
Attachments: 30032016155052.pdf

Dear Shu Pei,

We attached a copy of our insured's GIA report for your attention.

Best Regards
Gerald Poh
Senior Claims Executive | Lonpac Insurance Bhd
100 Beach Road, #19-00 Shaw Tower, Singapore 189702
Tel: (65) 6250 7388 Ext.240 | Fax: (65) 6296 2706

From: Shu Pei (LKK Auto) [mailto:shupei@lkkauto.com]
Sent: Wednesday, 30 March, 2016 3:48 PM
To: ERIC WOO JUN KIAT
Cc: GERALD POH WEE BIN; LIONEL CHUA KOK KEONG; Admin A; Zayyer; Hsiao Tong; Vivian Lau
Subject: RE: Accident involving SJM 2131E & SCV 7808P along PIE towards Changi on 12/3/16 ***LKK REF:CC4/LPC16004854/M1zb3

Dear Eric,

Kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Zayyer and he can be contacted at DID: 6841 2409.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupei@lkkauto.com | fax: 6741-4108

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

From: Admin-D (LKK Auto)
Sent: Monday, 14 March, 2016 3:13 PM
To: 'ERIC WOO JUN KIAT' <ericwoo@lonpac.com>; assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Cc: 'GERALD POH WEE BIN' <geraldpoh@lonpac.com>; 'LIONEL CHUA KOK KEONG' <lionelchua@lonpac.com>
Subject: RE: Accident involving SJM 2131E & SCV 7808P along PIE towards Changi on 12/3/16

Dear Eric,

Thank you for the assignment.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ERIC WOO JUN KIAT [mailto:ericwoo@lonpac.com]
Sent: Monday, 14 March, 2016 3:00 PM
To: assignments@lkkauto.com
Cc: GERALD POH WEE BIN <geraldpoh@lonpac.com>; LIONEL CHUA KOK KEONG <lionelchua@lonpac.com>
Subject: Accident involving SJM 2131E & SCV 7808P along PIE towards Changi on 12/3/16

Our ref: 15/16/16/VP05/018486

Dear Catherine,

We attach a copy of an email from Autoworx House for your attention.

Please proceed to conduct a survey of the vehicle on without prejudice.

We look forward to receiving your report soon.

Best Regards,
Eric Woo
Claims Executive | Lonpac Insurance Bhd
100 Beach Road, #19-00 Shaw Tower, Singapore 189702
Tel: (65) 6250 7388 Ext. 252 | Fax: (65) 6296 2706

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933
TEL: 6256 3561 FAX: 6256 4315
Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

LONPAC INSURANCE BHD

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Ref : CC4/LPC16004854/M1jb3s2

Date : 21-05-2018

Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SCV 7808P	**Veh. Inspected**	SJM 2131E
	Policy No.	Z15VP05003276	**Coverage ($)**	0.00
	Claim No.	15/16/16/VP05/018486	**Excess ($)**	0.00
	Assign From		**Assign Date**	15/03/2016

2. Vehicle Particulars & Condition

	Make & Model	SUZUKI SWIFT	**c.c**	1586
	Engine No.	HIDDEN	**Year of Reg.**	2008
	Chassis No.	ZC31S205486	**Colour**	YELLOW
	Odometer	84398	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	205/45R16	KUMHO	8 mm
	L/H Front Tyre	205/45R16	KUMHO	8 mm
	R/H Rear Tyre	205/45R16	KUMHO	8 mm
	L/H Rear Tyre	205/45R16	KUMHO	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.

5. General Information

	Accident Date	12/03/2016	**Inspection Date**	14/03/2016
	Survey held at	AUTOWORX HOUSE 176 SIN MING DRIVE #02-01 SINGAPORE 575721		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF $10,000.00 - $12,000.00

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **9 Working Days**