...CLAIM SUBFOLDER...(Pending for Survey Report)

CLATM SUR	FOLDER TRA	CKING								
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adi Su	bmitted	Ins Auth'ed	Status		
Main	08 Apr 2022		11 Apr 2022 12:10 Edit Adj Rpt					Pending for Survey Report Cancel Case		
CLAIM SUB	FOLDER DET	AILS				[Create	d by insurer]			
Insured:										
Main Claimant:		LIM WEISHAN REAGAN , ID : S8211340A								
Vehicle Reg. No.:	SKX7480	SKX7480U			Date of Loss :	: 06/04/2022 07:00 - :59				
Claim Type:	TP / SNM2	TP / SNM22D202359/C02/TANCHC			Policy/Cover Note No. :	DMCVSNW00085342100 (Comprehensive)				
Vehicle Reg. No. (Insured):	GBH5885P	GBH5885P								
		Excess: \$\$0.00 Fr Company (AMK) 10 Ang Mo Kio Industrial Park 2A, #01-09 AMK Autopoint, 568047 Ang Mo Kio - Tel: 6483 124								
Repairer:	Ah Lim Mot	or Company (AM	IK) 10 Ang Mo Ki	o Industrial F	Park 2A, #01-0	9 AMK Aut	opoint, 568047 A	ng Mo Kio - Tel: 6483 1244		
Handling Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 [Handled by Jacqueline Tan] LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by KENNETH KONG] [Final Rpt due 21/04/2022]								
Adjuster:	LKK Auto C	onsultants Pte L	td (HQ) - Tel: 62	!56-3561 [Handled by Ki	NNETH K	ONG] [Final	Rpt due 21/04/2022]		
ASSOCIATE	D MAIL RECI	EIVED					_\	/iew All Compose Case Mail		
There are no	mail for this ca	ise.								
No results.	Priority CIATED FILE	Type Task G	iroup Subje	ct Handl	er Assigr	ned By	Completed O			
No. Status No results.	туре	NOTES□ Viewer/ Assigned Note To	è				Creat	ed On Created By 1st Read By		
ADJUSTER'	S CLAIM REF	ERENCE								
Assignment F	-rom:	China Taipin	g Insurance (Si	ingapore) P	te. Ltd. (HQ)					
Adj File Ref No:		CS/CTI22003		<u> </u>	Assignment D	ate:	11/04/20)22		
Inspection / Investigation Date:					Report Date:					
Insurance Claim No:		SNM22D2023	59/C02/TANCHC		Recmd'ed Res	v. (S\$):				
Manager:		VERON CHEN	VERON CHEN			KENNETH KONG				
Clerical:			(First Pick-up)							
Present Vehic	cle Loc.:	(Check-in: 11	/04/2022)							
DESCRIPTI	ON OF VEHIC	CLE								
Vehicle Model:		SUBARU FOI	SUBARU FORESTER 2.0 XT CVT AWD SR			(A)				
Engine No:					Chassis No:					
LTA Reg Date (Man Yr):										
Colour of Veh	nicle:				Odometer Rea	iding:	- km			
CLAIM LOS	S DETAILS									
Police Report	No (Date):				Party At Fault		Unkno	own		
Description o	f Accident/Loss									

DOCUMENTS CHECKLIST	All Completed Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Show Remarks To: Handling Insurer	
Note: Remarks are private unless you show it to other parties.	
DOCUMENTS SUMMARY	
There are no documents.	