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

Midnight Accident

| CLAIM SUBFO  | DLDER TRAC   | CKING         |                                     |      |         |                 |          |                    |               |                               |  |
|--|--|---------------|-------------------------------------|------|---------|-----------------|----------|--------------------|---------------|-------------------------------|--|
| Case N   | lotified   | Est Submitted | Adj Assigned                        |      | pt      | Adj Su          | bmitted  | Ins Auth'ed        | Status        |                               |  |
| Main 🖹   | Not Notified)<br>Edit Reg  |               | 10 May 2023<br>00:00<br>Edit Adj Rp | _    |         |                 |          |                    | Repor         | ng for Survey<br>t<br>el Case |  |
| Main Reference   |  |               |                                     |      | Claim I | Claim Details   |          | Documents          |               | Show All                      |  |
| CLAIM SUBFOLDER DETAILS [Created by adjuster]                  |  |               |                                     |      |         |                 |          |                    |               |                               |  |
| Insured:   |  |               |                                     |      |         |                 |          |                    |               |                               |  |
| Main<br>Claimant:  | -  |               |                                     |      |         |                 |          |                    |               |                               |  |
| Vehicle Reg.<br>No.:   | SKX2270S   |               |                                     |      |         | of Loss         | 06/05/20 | 2023 00:00 - 00:59 |               |                               |  |
| Claim Type:  | ТР   |               |                                     |      |         | y/Cover<br>No.: |          |                    |               |                               |  |
| Vehicle Reg.<br>No.<br>(Insured):                              | SNJ5445Z   |               |                                     |      |         | y No.<br>mant): |          |                    |               |                               |  |
|  |  |               |                                     |      | Exce    | ss:             |          |                    |               |                               |  |
| Repairer:  | Tk Motor Workshop (HQ) Blk 1 Kaki Bukit Ave 6 #02-56, Autobay @ Kaki Bt, 417883 Kaki Bukit - Tel: 67466896 |               |                                     |      |         |                 |          |                    |               |                               |  |
| Handling<br>Insurer:   | <b>ECICS Limited (HQ)</b> - Tel: 63374779 /6303 0178   |               |                                     |      |         |                 |          |                    |               |                               |  |
| Adjuster:  | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by ADRIAN LING] [Final Rpt due 19/05/2023]     |               |                                     |      |         |                 |          |                    |               |                               |  |
| ASSOCIATED MAIL RECEIVED View All Compose Case Mail            |  |               |                                     |      |         |                 |          |                    |               |                               |  |
| There are no mail for this case.                               |  |               |                                     |      |         |                 |          |                    |               |                               |  |
| ALL ASSOCIATED TASKS  View All Search Tasks Create New Task Co |  |               |                                     |      |         |                 |          |                    | Task Complete |                               |  |
| Due Date   | Priority   | Type Tas      | k Group Sub                         | ject | Handler | Assigr          | ed By    | Completed O        | n Cre         | ated On Done?                 |  |
| No results.  |  |               |                                     |      |         |                 |          |                    |               |                               |  |
| ALL ASSOCIATED FILE NOTES Create New                           |  |               |                                     |      |         |                 |          |                    |               |                               |  |
| Viewer/ No. Status Type Assigned Note Cre To                   |  |               |                                     |      |         |                 |          | Create             | d On Crea     | ted By 1st Read<br>By         |  |
| No results.  |  |               |                                     |      |         |                 |          |                    |               |                               |  |
|  |  |               |                                     |      |         |                 |          |                    |               |                               |  |