

INS. CASE OWNER:

CC 3, EQ118003312, 10/1/18

LKK:
IDAC:

Surveyor:

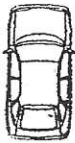
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

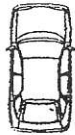
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHD 4573X



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

By (Stamp):

Approved by:

Sent By:

Date:

Confirm with:

Confirm by:

FINALIZATION

Date/Time:

Repair Cost:

SS

(days)

Reduction:

%

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

-

(Agreed / Assessed)

BOLA S/N No.:

14

Repair Cost:

SS

-

Loss of Rental (LOR):

SS

-

(days)

Loss of Use (LOU):

SS

-

(\$ x days)

Loss of Income (LOI):

SS

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

-

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

-

Name 1:

-

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

If NO or B 28, Ass. Lia:

CTP MOVED OUT

REJECT TP CLAIM

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$400.00

RI PAIR ESTIMATE*

VEHICLE NO : SHD 4573X

DATE 20/2/2018 3:48

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Defect</i>			\$ 538.80
	Front Bumper Bracket Top (RH) <i>X 1</i>			\$ 22.40
	Front Bumper Protector (RH) <i>X 1</i>			\$ 29.20
	Front Bumper Side Bracket <i>X 1</i>			\$ 14.30
	Headlamp (RH) <i>Defect</i>			\$ 797.90
	Front Fender (RH) <i>Defect</i>			\$ 593.00
	Front Fender Shield (RH) <i>X 1</i>			\$ 86.00
	Front Fender Retainer <i>X 1</i>			\$ 9.20
	SUB TOTAL			\$ 2,090.80
	LESS 20%			\$ 418.16
	DISCOUNTED TOTAL			\$ 1,672.64
	Front Fender Advertisement Logo (RH) <i>Defect</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00 <i>300</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	TOTAL LABOUR			\$ 1,060.00
	ESTIMATE TOTAL			\$ 2,832.64

*1/2 hr (1/164)**20/2/18 1055h**3 Pys**4s**After Repair p Lho*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.