

INS. CASE OWNER:

cc 3, AIG 1800 4405, Kpa3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

6/3/18

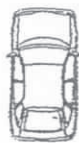
Date / Time:

6/3/18

Registered in Merimen:

2/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 21520

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A: 2/3/18

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

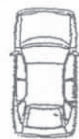
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

He 5513T



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-Cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

He 5513T - 03/18/18 13:58 / Kpa3 - 1:00 - 2/3/18
SLU 21520 - X

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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:



UNIQUE MOTORSPORTS PTE LTD

11 Tannery Lane Singapore 207930 (Head Office)
 1007/1009 Serangoon Road Singapore 328168 (Show Room)
 1 Kaki Bukit Ave 6 #02-54/55 Autobay @ Kaki Bukit Singapore 417883
 48 Toh Guan Road East #02-140 Enterprise Hub Singapore 608586
 280 Woodlands Industrial Park E5 #01-43 Harvest Singapore 757322

Tel: 6292 5578 (3 lines) Fax: 6295 5579
 Tel: 6341 5378 (3 lines) Fax: 6341 7379
 Tel: 6844 6378 (3 lines) Fax: 6844 6379
 Tel: 6515 4978 (3 lines) Fax: 6515 4979
 Tel: 6339 2178 (3 lines) Fax: 6339 3379

Date: 03/03/2018

Make / Model: SYM Excel II

Registration No: FBF971S

Damage Assessment

S/N	Description	Condition	Qty	Unit Price	Total Price
1	Front Cowling Assy <i>/ Cut</i>		1	\$260.00	\$260.00
2	Front Fender <i>/ Cut</i>		1	\$140.00	\$140.00
3	Headlight Assy <i>-scr</i>		1	\$392.00	\$392.00
4	IU Unit <i>/ Cut</i>		1	\$156.00	\$156.00
5	Mirror - Left <i>/ Cut</i>		1	\$60.00	\$60.00
6	Mirror - Right <i>/ Dis</i>		1	\$60.00	\$60.00
7	Brake Lever - Left <i>/ Cut</i>		1	\$42.00	\$42.00
8	Brake Lever - Right <i>/ Cut</i>		1	\$42.00	\$42.00
9	Underbracket Comp - Fork <i>/ BT</i>		1	\$215.00	\$215.00
10	Steering Cone - Upper <i>- 4 Abs</i>		1	\$42.00	\$42.00
11	Steering Cone - Lower <i>- 4 Abs</i>		1	\$44.00	\$44.00
12	Lower Side Cover - Left <i>/ Cut</i>		1	\$146.00	\$146.00
13	Sticker - Rear Box <i>/ Cut</i>		1	\$190.00	\$190.00
14	Respray Rear Box		1	\$120.00	\$120.00
15	Fork Alignment		1	\$120.00	\$120.00
16	Perform Electrical Check		1	\$30.00	\$30.00
17	Towing From Accident Scene - Workshop		1	\$35.00	\$35.00
18	Workmanship		1	\$280.00	\$280.00

*100
100 80
X NV
220.*

3 Days.

Sub Total \$2,374.00

GST 7% \$166.18

Grand Total \$2,540.18

Gua Qiao - 82880282

1 day's repair.

After repair photos.

06/3/18.

Total: 1750.

Prepared By: Alvin Koh

UNIQUE MOTORSPORTS PTE LTD
 GST Reg. No. 200907910H
 11 Tannery Lane
 Singapore 207930
 Tel / Fax: 6292 5578 / 6295 5579

LKK Auto Consultants hereby certify that 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: