

INS. CASE OWNER:

CC 6/11/1900 9744, K 2039

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

21/1/2020

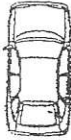
Date / Time:

3/6/19

Registered in Merimen:

3/6/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLA 43744

Name of Insured:

Khoo Than Chuan

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

6/12/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place 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:

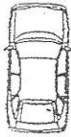
%

Final ? Yes / No

unknown

SLA 43744

SLU 94005



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SLU 94005 - X ; SLA 43744 - 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:

> 1st call - 13/6/19

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\$

340

(2 days)

Reduction:

45 %

Email

Call

FINAL SETTLEMENT

Date/Time:

4/4/2020

Confirm with

Ang 519

Email

Call

Final Liability:

%

100

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

28

Repair Cost:

(w/ GST)

S\$

363.80

Loss of Rental (LOR):

S\$

200

(2 days)

x \$100

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\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

565.80

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

565.80

Name 1:

HOCK WAH MOTOR WORKSHOP PTE LTD

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:

TP

3) Survey fee:

\$320

COPY SENT

ASS. REC. BY:

REF:

AIG

ASSIGNMENT

From:

Date:

21/01/2020

Estimated Cost:

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

To Inspect Vehicle No:

SLU 9400S

at Workshop m/s

Hock Wah Motor

of Blk 301 Bedok Ind. Park E #

Insured:

01-2008

Policy No.

Claims No.

Sum Insured:

Excess:

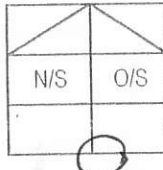
(Client's Record)

Make of Veh:

2:30pm (waiting)

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

11

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLU 9400S

Yr Regn:

19 Dec 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai Accent C.C. B68

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

35747

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCU41BTJU 403665

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

175/70 R14

R:

17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

KUMHO

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

21-01-20

Survey held at

w/s

2:30pm

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

21/1 finalized \$340

C 1/P \$340 / Red \$310 / 48.1.)

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.P.I. (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 3011 BEDOK INDUSTRIAL PARK E
BEDOK NORTH AVE 4,
#01-2008/10/12 SINGAPORE 489977
TEL : 6441 5655 FAX : 6441 5355/6243 8121
R.O.C No : 200104141D GST Reg. No. 20-0104141-D

TO : SXXX2136J

NG CHUI LI

BLK 85A LORONG 4 TOA PAYOH

#06-310

SINGAPORE 311085

TEL : FAX :

PH : 93203985

ATTN :

LKK Auto Consultants hence notify
the Repairer of the following:
To resurvey before/after spray paint
To display damaged part(s) during survey

- 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:

ESTIMATE BILL

Number : EB00005396
Date : 20/01/2020
Case No : AD00010922
Vehicle No : SLU9400S
Chassis : KMHC41BTJU403669
Year of Mfr : 2017
Policy No : 5097362274
Model : HYUNDAI ACCENT

Term:

Sn	DESCRIPTION	QTY	U_PRICE	DISC	AMOUNT
1	REAR BUMPER - REPAIR <i>x repair</i>	1.0			
	Special Nett Price - Parts Sub Total				0.00
	Parts Total				0.00
2	LABOUR TO REMOVE & REFIT NECESSARY PARTS	1.0	150.00	0	150.00
3	SPRAY PAINT ON THE AFFECTED AREAS	1.0	300.00	0	300.00
4	ANTI-RUST COATING	1.0	50.00	0	50.00
5	TO REMOVE & REFIT REVERSE SENSOR	1.0	150.00	0	150.00
	Labour 1 Sub Total				650.00
	<i>2 Days.</i> <i>P/P</i> <i>After paint photos.</i> <i>Quo Liang - 82880282</i> <i>21/01/2020</i>				<i>340.</i>
SINGAPORE DOLLARS : SIX HUNDRED NINETY-FIVE AND CENTS FIFTY ONLY			Less Excess		0.00
			SUBTOTAL		650.00
			GST 7.00%		45.50
			TOTAL		695.50

Date of accident : 06/12/2018 08:10 AM. Place : PIE > CHANGI

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE