

INS. CASE OWNER: **JASON TEA**

CC4/FCI20002881/ **D** ea3

LKK:  
IDAC:

Surveyor: **APYAN**

DOI: **18/02/2020**

Date / Time : **18/02/2020**

Registered in Merimen:           

**Pre-assign / CCU / FTE**

X



Insured Vehicle No. : **SH 9749Y**  
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**  
 Insured Tel No. :            HP:             
 Excess Sec II :S\$            D.O.A : **14/02/2020 19:00**  
 Is driver the owner? ( YES /  NO ) Nature of Accident :           

Claim No. : **D20001041MFSH**  
 Policy No. : **D-20094922MFSH**  
 Make / Model : **HYUNDAI IONIQ**  
 Place of Accident : **TPE SLIP RD TO LOYANG AVE.**

If NO, Driver Name / Age : **SUBIAT B SALLEH**  
 Driver Tel No. : **+65-91007244** (V/L: YES / NO)

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
 Insured Liability : % **Final ? Yes / No**

**FBQ 9284A**



INSRS: **SG 98**  
 WSP: **MOTOR**  
 Tel :             
 Liability :             
 RMKS:           



INSRS:             
 WSP:             
 Tel :             
 Liability :             
 RMKS:           



INSRS:             
 WSP:             
 Tel :             
 Liability :             
 RMKS:           



INSRS:             
 WSP:             
 Tel :             
 Liability :             
 RMKS:           

Date/ Time	STAGE	DATE / PIC
	FBQ 9284A - X	
	SH 9749Y - CC3/AIG12003664/H1a2b1p1; DOA : 19.02.12	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler    Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

**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\$             
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format:             
 3) Survey fee:           

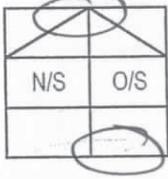
**Total:** S\$            **Global Sum S\$:**           

**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:

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_



(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: 20 % 3 Val.: Yes or No  
**CA / REV / REP. / 24 HRS**  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: FBQ 9284A Yr Regn: Jan/2020  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Yamaha T150 c.c 149  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp.Reading: N.A. T/Radio: Insured / Std / NI / NA  
 Eng/No: G3P3E0001086  
 C/No: MH3UG131000001093  
 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: 90/80 R17  
 R: 120/70 R17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Dunlop  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. S mm R/Bal. S mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. 14/02/2020 D.O.I. 18/02/2020  
 Survey held at SG98 AMK  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front & Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>First Capital SH 9749 Y</u>

Date/Time, File Pass to?  : Preli. Report  : Final Report

1) \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I.: (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$) \_\_\_\_\_ )  
 : Interview (\$) \_\_\_\_\_ )  
 : Tech. Invs (\$) \_\_\_\_\_ )  
 : Weekend (\$) \_\_\_\_\_ )

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ \$ + RS. \_\_\_\_\_ SI  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

# S9 MOTOR TRADING PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg\_motor\_enterprise@yahoo.com.sg

First Capital  
LKK - Mr. Raul.

FBO 9284A

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:

- 1) Rear Mudguard - @ 260.00 NH X
- 2) Exhaust Pipe \$950.00 - @ 200.00 NH X
- 3) Exhaust Guard - @ 250.00 NH X
- 4) Front Panel - @ 280.00 Cut ✓
- 5) Front Sender - @ 205.00 NH X
- 6) Front LH Signal - @ 95.00 Cut ✓
  
- 1) To check Fork Alignment @ 60.00 NH X
- 2) Labour to Remove & Replace  
Necessary Parts align ecc Exhaust pipe @ 220.00 120/-
- 3) Rear Number Plate <sup>RT</sup> - @ 15.00 NH X