

REF:

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estin: Estimate  
 OD / TP RES / CD RES / EVA / INV / MV  
 To In: \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
 at W: \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_  
 (Policy Condition)

Veh No: PCS278C Yr Regn: 2016 August  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or Mini Bus  
 Make: Toyota Hiace Commuter 2982  
 Colour: Yellow A/C: Insured / Std / NI / NA  
 Sp. Reading: 329494 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KDH2230028199  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modif: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 195R15C  
 R: 195R15C

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: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

BS / DUN / EXNOVA / GY / FR / IZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 04/09/24  
 Survey held at HD Perfect  
 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                    |
|-------------|---|
|             | <u>TR III</u>                           |
|             | <u>COE Expiry</u>                       |
|             | <u>Estimate given during 1st Survey</u> |
|             | <u>MV: Yes (✓)</u>                      |
|             | <u>PV: No ( )</u>                       |
|             | <u>Nett:</u>                            |
|             | <u>285B.</u>                            |

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Others: \_\_\_\_\_



TO : **INDIA INTERNATIONAL** MOTOR CLAIMS DEPTS  
 VEHICLE NO : **PC5278C**  
 MODEL : **TOYOTA HIACE COMMUTER**  
 DATE OF ACCIDENT : 01.09.2024  
 TIME OF ACCIDENT : 16:25 HOURS

|    |  |   |          |          |
|----|--|---|----------|----------|
| 22 | REAR SPARE TYRE HOLDER BOLT <i>Not m</i> | 1 | \$ 60.00 | \$ 60.00 |
|----|--|---|----------|----------|

TOTAL PRICE \$ 12,438.00  
 LESS 25% \$ 3,109.50  
**SUB TOTAL PRICE \$ 9,328.50**

| S/N | DESCRIPTION   | QTY | UNIT S/NETT | TOTAL S/NETT |
|-----|---|-----|-------------|--------------|
| 1   | REAR NUMBER PLATE <i>Ne m</i>                           | 1   | \$ 50.00    | \$ 50.00     |
| 2   | REAR NUMBER PLATE (THAI WORD)STICKER <i>Ne m</i>        | 1   | \$ 150.00   | \$ 150.00    |
| 3   | REAR BUMPER (SPECAIL TYPE) <i>Distaled</i>              | 1   | \$ 2,500.00 | \$ 2,500.00  |
| 4   | REAR BUMPER STICKER (CARBON FIBER) <i>Ne m</i>          | 1   | \$ 200.00   | \$ 200.00    |
| 5   | REAR BUMPER CLIP (SET) <i>Ne m</i>                      | 1   | \$ 80.00    | \$ 80.00     |
| 6   | TAILGATE SEALANT <i>Ne m</i>                            | 1   | \$ 150.00   | \$ 150.00    |
| 7   | TAILGATE CENTER MOULDING CLIP (SET) <i>Ne m</i>         | 1   | \$ 30.00    | \$ 30.00     |
| 8   | TAILGATE CENTER MOULDING STICKER(CHROME) <i>Ne m</i>    | 1   | \$ 120.00   | \$ 120.00    |
| 9   | TAILGATE STICKER 'EMERGENCY DOOR' <i>Ne m</i>           | 1   | \$ 40.00    | \$ 40.00     |
| 10  | TAILGATE STICKER '70KM/H' <i>Not m</i>                  | 1   | \$ 30.00    | \$ 30.00     |
| 11  | TAILGATE INNER LEATHER (SPECAIL TYPE) <i>Ne m</i>       | 1   | \$ 1,200.00 | \$ 1,200.00  |
| 12  | TAILGATE WINDSCREEN SEALANT <i>Ne m</i>                 | 1   | \$ 80.00    | \$ 80.00     |
| 13  | TAILGATE WINDSCREEN INNER SEAL <i>Ne m</i>              | 1   | \$ 60.00    | \$ 60.00     |
| 14  | TAILGATE AUTO SYSTEM (SPECAIL TYPE)(SET) <i>Ne m</i>    | 1   | \$ 2,200.00 | \$ 2,200.00  |
| 15  | TAIL LAMP CLIP (SET) <i>Ne m</i>                        | 1   | \$ 50.00    | \$ 50.00     |
| 16  | TAILLAMP LOWER GARNISH CLIP (SET) <i>Ne m</i>           | 1   | \$ 40.00    | \$ 40.00     |
| 17  | REAR END PANEL (INNER) SEALANT <i>Ne m</i>              | 1   | \$ 150.00   | \$ 150.00    |
| 18  | REAR END PANEL (OUTER) SEALANT <i>Ne m</i>              | 1   | \$ 150.00   | \$ 150.00    |
| 19  | REAR FLOOR PANEL SEALANT <i>Ne m</i>                    | 1   | \$ 250.00   | \$ 250.00    |
| 20  | REAR FLOOR PANEL SOUND PROOF (SPECIAL TYPE) <i>Ne m</i> | 1   | \$ 1,800.00 | \$ 1,800.00  |
| 21  | REAR FLOOR PANEL CHROME (SPECIAL TYPE) <i>Set</i>       | 1   | \$ 800.00   | \$ 800.00    |
| 22  | REAR FLOOR PANEL TOP BOARD (SPECIAL TYPE) <i>Ne m</i>   | 1   | \$ 2,500.00 | \$ 2,500.00  |
| 23  | REVERSE SENSOR <i>Ne m</i>                              | 1   | \$ 220.00   | \$ 220.00    |

**TOTAL \$ 12,850.00**

**CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)**

| S/N | JOB DESCRIPTION | PRICE | ADJUSTED COST |
|-----|-----------------|-------|---------------|
|-----|-----------------|-------|---------------|

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 DATE OF ACCIDENT : 01.09.2024  
 TIME OF ACCIDENT : 16:25 HOURS

|    |   |                        |     |
|----|---|------------------------|-----|
| 1  | PANEL BEATING AND REPLACE PARTS                   | \$ <del>2,600.00</del> | 800 |
| 2  | SPRAY PAINTING TO AFFECTED AREA                   | \$ <del>2,200.00</del> | 800 |
| 3  | WIRNING, BULB CHECKING                            | \$ <del>80.00</del>    | 30  |
| 4  | REMOVE AND REFIX TAILGATE WINDSCREEN              | \$ 120.00              | ✓   |
| 5  | TRANSFER TAILGATE MECHAISM                        | \$ <del>80.00</del>    | 60  |
| 6  | CONDUCT WATER LEAKAGE TEST                        | \$ 120.00              | +   |
| 7  | REAR CHASSIS ALIGHMENT                            | \$ 250.00              | +   |
| 8  | REMOVE AND REFIX REAR WINDSCREEN                  | \$ 120.00              | ✓   |
| 9  | REMOVE AND REFIX REAR FLOOR BOARD MAT             | \$ 200.00              | +   |
| 10 | REMOVE AND REFIX REAR TAILGATE SPOILER            | \$ 150.00              | +   |
| 11 | REMOVE AND REFIX TAILGATE ACCESSORIES AND CURTAIN | \$ <del>450.00</del>   | 300 |
| 12 | REMOVE AND REFIX REAR REVERSE SENSOR              | \$ <del>80.00</del>    | 50  |
| 13 | REMOVE AND REFIX VIDEO CAMERA                     | \$ <del>80.00</del>    | 50  |

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|    |  |           |    |
|----|--|-----------|----|
| 14 | REMOVE AND REFIX REVERSE CAMERA  | \$ 80.00  | 50 |
| 15 | TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC. | \$ 180.00 | X  |

**TOTAL \$6,790.00**

**ESTIMATE REPORT**

TOTAL PARTS COST : \$ 22,178.50  
 TOTAL LABOUR COST : \$ 6,790.00  
 TOTAL REPAIR COST : \$ 28,968.50

*Adm Lg*  
*L/s 04/09/24*  
*07 Days*

**NB:** THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.

**PARTS PRICES ARE SUBJECT TO CHANGES.**

YOURS FAITHFULLY,

**IRENE**

SERVICE ADVISOR  
 IRENE  
 HP : 8297 9787

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Paris 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: