

ASS. REC. BY:

REF: TY 1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 854K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 07/08 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKP 65382 Yr Regn: OP, 14

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

Truck / Trailer or A)

Make: Mazda 3 c.c. 1496

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 108590 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: JM6BM42A.8F0143542

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / SRIm / STD AJRIm or

Tyre Size: F: 215/50R17
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
YOYO YOKO or

Front R/Bal. 9 mm Rear R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 9/9/24 D.O.I. 12/9/2024

Survey held at _____

Des. of Damages: Frit / Rear / O/S / N/S / UIC / Rooftop or 015 km

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation

S - RS - SI

Fuel

Others

Report Format :

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

Date: 10-9-2024
Vehicle No: SKP6538L
Model: Mazda 3
Chassis: JM6BM42A8F0143542
Reg. Year: 29.9.2014

Not Notified
L1 Rep &
Re survey After Pain
Up day

Third Party Insurer: III
Third Party Veh No: GBK3252M
Date of Accident: 9/9/2024
Estimator: Loong
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1		CPM \$550.00
2	FRONT RH BUMPER RETAINER	1		DY \$15.00
3	FRONT RH BUMPER FOG LAMP OUTER BLACK GARNISH	1		GA \$50.00
4	FRONT RH BUMPER FOG LAMP CHROME COVER	1		NU \$80.00
5	FRONT RH HEADLAMP WASHER COVER	1		NU \$60.00
6	FRONT RH HEADLAMP WASHER NOZZLE JET	1		\$160.00
7	FRONT RH HEADLAMP	1		GA \$1,480.00
8	FRONT RH FENDER PANEL	1		GA \$180.00
9	FRONT BUMPER RADIATOR GRILLE UPPER COVER	1		REPAIR
SUB TOTAL				\$2,575.00
PLUS 10%				\$257.50
PARTS TOTAL				\$2,832.50

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		NA \$55.00
2	FRONT BUMPER RIVETS	1		NA \$50.00
3	FRONT FENDER LINER CLIPS	1		NA \$50.00
4	FRONT BUMPER SPOILER	1		NA \$400.00
S/N TOTAL				\$555.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT RH ACCIDENT AREAS & ETC. \$700.00 *400*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT RH FENDER, ETC \$700.00 *550*

TO READJUST AND REALIGN HEADLAMP AIM \$100.00 *200*

TO TUFF KOTE & UNDERSEAL MATERIALS. \$120.00 *300*

TO CHECK WIRING & ELECTRICAL SYSTEM. *NA* \$100.00 *X*

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 Insurer/Company

LABOUR TOTAL \$1,720.00

TOTAL \$5,107.50