

ASS. REC. BY: Taujiah REF: CD/LPC 24090368/Tpa3

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: _____

Veh No: FBU 6002X Yr Regn: 2023, 01
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Adv 160 c.c. 157
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading _____ T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH1KFB21XNR-001879
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 110/80R14
 R: 130/70R13
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Maxxis
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 20/09/24
 Survey held at Evat Lee wL
 Des. of Damages: Front / Rear / O/S / N/S / U/G / Rooftop or _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: \$15K
 IDAC Accident Rport _____ 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

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Prell. Report
 i) : Final Report
 Date/Time, File Return to? _____
 2) _____
 Rep. Format: _____
 Lump Sum / L.B.K. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

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

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

李 汽 车 贸 易

GST REG NO. 201918537M

ERZAT LEE MOTOR TRADING PTE LTD

SYNERGY@KB, 25 KAKI BUKIT ROAD 4 #03-37 SINGAPORE 417800

REG. NO. 201918537M

EMAIL : enquiry@erzatleemotor.com

Office : 69661751

ESTIMATE COST OF REPAIR

Date: 20-Sep-24 Estimate no. 1438

Plate No. FBU6002X

Model. ADV160

Surveyor's columns

S/N	DESCRIPTION (s)	PRICE (\$)	REMARK	PRICE (\$)
1	FRONT TYRES	\$ 120.00	X	
2	FRONT RIM	\$ 350.00	cut	
3	FRONT BRAKE DISC	\$ 130.00	X	
4	FRONT FANDER	\$ 90.00	cut	
5	FORK LEFT	\$ 180.00] plus? SN \$150?	
6	FORK RIGHT	\$ 180.00		
7	T FORK	\$ 120.00	X	
8	STEERING CONE	\$ 190.00	?	
9	FLOOR STEP LEFT	\$ 100.00	?	
10	FLOOR STEP RIGHT	\$ 100.00	de	
11	FRONT LOWER COVER	\$ 110.00	cut	
12	FLOOR LEFT SIDE COVER	\$ 85.00	?	
13	FLOOR RIGHT SIDE COVER	\$ 85.00	de	
14	LABOUR	\$ 600.00	300	

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up' 20/9/24 R 375

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2-3 days

4/5 Resurvey after repair

- 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:

\$ 2,440.00
 Sub Total : \$ 2,196.00
 GST 9% \$ 197.64
 Total: \$ 2,393.64

*Estimate given are base on visible damages **ONLY** before dismantling of the vehicle*

This is computer generated no signature is required.