

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: _____

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repair: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMV9577Z Yr Regn: 2020, Oct.

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

Truck / Trailer or

Make: Toyota Voxy Hybrid 1797

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 104158 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR800404189

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or Habileed

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 24/09/24

Survey held at Bitrost

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
	TPSCDF
	COE Expiry :
	Estimate given during : Yes (✓)
	1st Survey : No ()
	MV :
	PV :
	Nett :

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

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invt (\$ _____)

Survey Fee: _____

Transportation: _____

3 + RS. \$ _____

Photos _____

Others _____

Parts less 25% \$ 20,993.30
 Total: \$ 5,248.33
 Total: \$ 15,744.98

No.	Special Nett Items	Qty	Amount S\$
1	Front number plate <i>mw</i>	1	\$ 80.00 <i>+</i>
2	Radiator coolant <i>mw</i>	1	\$ 70.00 <i>50</i>

Total: \$ 150.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,500.00 <i>800</i>
2	Spray painting on affected areas and panels	\$ 1,400.00 <i>1800</i>
3	Check wiring and lighting system on affected areas	\$ 70.00 <i>30</i>
4	Apply rust coating chemical on affected areas and panels	\$ 70.00 <i>50</i>
5	Remove and replace front bumper PDC sensors to assist repair	\$ 120.00 <i>50</i>
6	Remove and replace aircon condenser and pipes to assist repair	\$ 220.00 <i>60</i>
7	Remove and replace radiator assy, pipes and hoses to assist repair	\$ 220.00 <i>60</i>

Total: \$ 2,100.00

Agreed Amount: _____ (Part by Part / Lump sum)
 Working days: _____

Spare Parts: \$ 15,744.98
 Special Nett: \$ 150.00
 Labour: \$ 2,100.00
 Total: \$ 17,994.98

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: _____

Adrian Lj
L/S 24/09/24
07 Days