

ASS. REC. BY:

REF:

TH /

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

Poon Ping Leun

of

406K

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: _____

\$200K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

04 days

Res.: Yes or No

Lum Sum: _____

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SMP 6666B

Yr Regn: _____

H, 21

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

Truck / Trailer or

A1. Wagon

Make: _____

Toy Alphard

c.c 2493

Colour

M.P. white

A/C: Insured / Std / NI / NA

Sp. Reading

83344

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

AGH 30 . 0366892

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

235/50R18

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

6 mm

R/Bal. _____

6 mm

L/Bal. _____

6 mm

L/Bal. _____

6 mm

D.O.A. _____

11/10/24

D.O.I. _____

14/10/2024

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

18/10

21/24 @ 1750h. Cohn

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

S - RS. SI

Fees

Others

Report Format :

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

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

WANG LI
BLK 331B Anchorvale Street
#08-557
Singapore 542331

Dear sir
Estimate cost of repair to vehicle no. SMP6666B

To supply

1. Rear bumper	2,335.50	X
2. Rear bumper retainer	113.90	X
3. Tail lamp	899.80	—
4. Rear fender glass	680.00	✓

Labour charges

To remove and left rear fender wls glass

Panel beating

Painting

Total

150.00	100%
400.00	25%
900.00	88%
5,479.20	

Your faithfully

ALBERT POON

Not Withdraw
Revised After Paint

4 days
11 Pm @ 1750/h

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: