

ASSIGNMENT

From: _____ Date: _____

Estim: Estimate

OD / TP RES / CD RES / EVA / INV / MV

To In: Vehicle No: _____

at W/O _____

of _____

Insured: _____

Policy: NA

Claims: NA

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

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

Veh No: SNJ20795 Yr Regn: 2022, Dec.

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

Truck / Trailer or

Make: Toyota Alphard C.O. 2493

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

Sp. Reading: 59627 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AYH300151184

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: 225/60R17

R: 225/60R17

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

Front _____ Rear _____

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

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

D.O.A. _____ D.O.I. 25/10/24

Survey held at 14D Perfect

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

Front N/S

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

Date / Time	Action / Instruction
	<u>TP 1st Cap</u>
	<u>COE Expiry</u>
	<u>Estimate given during 1st Survey: Yes (✓) / No ()</u>
	<u>MV: 256K</u>
	<u>PV: 135.3K</u>
	<u>Nett: 120.7K</u>
	<u>122N</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + R.S. \$ _____

Photos _____

Others _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Inve (\$ _____)

Report Format: _____

Report Form: _____

TO : **MS FIRST CAP** MOTOR CLAIMS DEPTS
 VEHICLE NO : **SNJ2079S**
 MODEL : **TOYOTA ALPHARD**
 DATE OF ACCIDENT : 23.10.2024
 TIME OF ACCIDENT : 08:30 HOURS

22	SIDE MIRROR LH <i>Repld</i>	1	\$ 1,690.00	\$ 1,690.00
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TOTAL PRICE \$ 25,459.60
 LESS 25% \$ 6,364.90
SUB TOTAL PRICE \$ 19,094.70

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIP (SET) <i>new</i>	1	\$ 80.00	\$ 80.00
2	FRONT GRILLE CLIP (SET) <i>new</i>	1	\$ 80.00	\$ 80.00
3	FRONT SUPPORT PANEL TOP GARNISH CLIP (SET) <i>new</i>	1	\$ 60.00	\$ 60.00
4	FRONT FENDER INNER GARNISH CLIP RH (SET) <i>new</i>	1	\$ 80.00	\$ 80.00
5	FRONT FENDER COWLING CLIPS (SET) <i>new</i>	1	\$ 80.00	\$ 80.00
6	FRONT WHEEL TYRE LH <i>new</i>	1	\$ 680.00	\$ 680.00
7	FRONT WHEEL SPORT RIM (SET) <i>new</i>	1	\$ 2,800.00	\$ 2,800.00
8	BRAKE OIL <i>new</i>	1	\$ 40.00	\$ 40.00

TOTAL \$ 3,900.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVING AND REPLACING PARTS	\$ 1,200.00	500
2	SPRAY PAINTING TO AFFECTED AREA	\$ 1,000.00	400
3	TURFF COAT	\$ 250.00	X
4	WIRING CHECK	\$ 250.00	30
5	REFOCUS HEADLAMP BEAM	\$ 80.00	X
6	REMOVE AND REFIX AND RESET FRONT SENSOR	\$ 80.00	50
7	REMOVE, REFIX AND RESET FRONT RADAR SENSOR	\$ 800.00	X

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8	REMOVE AND REFIX FRONT UNDERCARRIAGE	\$ 850.00	+
9	FOUR WHEEL ALIGNMNET	\$ 120.00	+
10	REMOVE AND REFIX POWER STEERING RACK AND PINION	\$ 380.00	+
11	RESET ABS LIGHT	\$ 200.00	+
12	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS,RESET MEMORIES TO SPECIFICATION ETC.	\$ 280.00	+

TOTAL \$5,490.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 22,994.70
 TOTAL LABOUR COST : \$ 5,490.00
 TOTAL REPAIR COST : \$ 28,484.70

*Adnan Lij
 2/8 25/10/24,
 04 Supr.*

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
- 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: