

CC4/ASM22
CC4/ASM22
CC4/ASM22
CC3/CT122C

ASS. REC. BY:

REF: 1051

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MY

To Inspect Vehicle No: _____

at Workshop m/s Auburn

of BK1 01-135 139H

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: \$17k

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: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKW 42685 Yr Regn: 10, 15

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

Truck / Trailer or Trailer

Make: NIS Pylyp C.G. 1598

Colour: M. Grey AC: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: 193918 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng No: 7

CNo: HNTB BAB12 0024844

Gen. Cohd: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: ☐ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size: 165/60R16

Hankook

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

TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 17/11/24

Rear

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 26/11/2024

Survey held at ☒

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

FR N/S

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

Date / Time

Action / Instruction

1 Est not ready

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. \$ _____

), Fines _____

), Others _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format :

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

TOTAL

Auburn Auto Pte Ltd

176 Sin Ming Drive
#04-18 Sin Ming AutoCare
Singapore 575721
UEN:200805305G
Email: AuburnAuto.Insurance@gmail.com

TO: ECICS LIMITED
ATTN: MOTOR CLAIMS DEPARTMENT

OUR REF.: SKW4268S

YOUR REF.: SNF7845K

DATE: 26/11/2024
VEHICLE NO.: SKW4268S
MAKE & MODEL: NISSAN SYLPHY
DATE OF ACC.: 17/11/2024
CLAIM TYPE: TP

Not Withheld
L1 Sy &
Missing After Paint
4 days

%Depr
0 0.00
0 0.00
0 0.00
10 0.00

ESTIMATE FOR VEHICLE NO.: SKW4268S

NO.	DESCRIPTION	QTY.	LIST PRICE	TOTAL PRICE
PARTS				
1	FRONT BUMPER	1	\$ 1,447.00	\$ CM 1,447.00 ✓
2	FRONT BUMPER GRILLE LEFT	1	\$ 302.00	\$ In 302.00 X
3	FRONT BUMPER REINFORCEMENT BRACKET LEFT	1	\$ 174.00	\$ 174.00 ?
4	FRONT SUPPORT PANEL	1	\$ 991.40	\$ R 991.40 X
5	FRONT SUPPORT PANEL TOP GARNISH	1	\$ 375.00	\$ In 375.00 X
6	HEADLAMP	1	\$ 120.00	\$ In 120.00 ✓
7	HEADLAMP LOWER BRACKET	2	\$ 65.00	\$ 130.00 ?
SUBTOTAL:				\$ 3,539.40
LESS 10%:				\$ 707.88
PARTS TOTAL:				\$ 2,831.52

SPECIAL NETT				
1	FRONT BUMPER CLIPS	1 SET	\$ 50.00	\$ R 50.00 ✓
2	FRONT SUPPORT PANEL TOP GARNISH CLIPS	1 SET	\$ 50.00	\$ R 50.00 X
3	FRONT NUMBER PLATE SET	1 SET	\$ 50.00	\$ R 50.00 45/10
SPECIAL NETT TOTAL:				\$ 150.00

LABOUR

TO REMOVE, REFIT & INSTALL ALL ACCIDENT AFF. PORTIONS	\$	R 120.00 X
TO REMOVE & REFIX AIRCON ASSY, VACUUM AND TOP UP GAS	\$	R 120.00 X
TO CHECK ALL NECESSARY WIRING	\$	100.00 201
TO REMOVE & REFIT HEADLIGHT ASSY	\$	120.00
TO PANEL BEAT ON AFF. PORTIONS	\$	1,000.00 500
TO PUTTY & RESPRAY ALL ACCIDENT AFF. PORTIONS	\$	1,200.00 600
TO APPLY COATING ON ALL ACCIDENT AFF. PORTIONS	\$	R 150.00 X

LABOUR TOTAL: \$ 2,810.00

GRAND TOTAL: \$ 5,791.52

BEFORE 9% GST

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: