

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SPS 6338M

at Workshop m/s TOURER TRANSIT

of 21, Bulum DR

Insured: SG 6016D SMR

Policy No. _____

Claims No. BUS/11/24/5039

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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: SPS 6338M Yr Regn: 2012 / DK

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

Truck / Trailer or

Make: MERCEDES BENZ CITARO c.c. 6374

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

Sp. Reading 644401 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W0362808323123773

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 275/70R225

R: _____

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

TOYO / YOKO or

Front 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 18/11/24 D.O.I. 22/11/24

Survey held at BULUM DR

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

N/S FR

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

Date / Time Action / Instruction

2/12/24 Rasul confirmed final fig \$3315.70 (Red 1661.17, 33%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report
Days Of Repair: 1

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

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

) S + RS \$ _____

) Photos

) Others

TOTAL

Report Format :

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

ESTIMATED ACCIDENT REPAIR COST



TOWER TRANSIT

Co. / GST Reg No. 201419417K

ACCIDENT TIME REPORTED	8:43
ACCIDENT DATE	18-Nov-24
BUS CAPTAIN NAME	SOH MENG CHAI
THIRD PARTY CLAIM AGAINST	SMRT

BUS REGISTRATION NUMBER	SBS6338M
BUS TYPE (SD/DD)	SD
BUS ROUTE NO.	
BUS ADVERT (Y/N)	N

SECTION 1 : PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	Total Cost
1	NS MIRROR <i>cm</i>	1	\$ 2,946.70
2	REFLECTOR STICKER <i>cm</i>	2	\$ 44.00
		9% GST	\$ 269.16
		PARTS TOTAL COST	\$ 3,259.87

SECTION 2 : ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- • DISMANTLE AND REPLACE ITEM NO :1-2	<i>325</i> \$ 1,300.00
SPRAY PAINTING \$640 PER PANEL	9% GST \$ 117.00
LABOUR CHARGES \$650 PER DAY	LABOUR TOTAL COST \$ 1,417.00

SECTION 3 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

		DATE IN	18/Nov/2024
		DATE & TIME SURVEY	
		DATE OUT	
		TOTAL NUMBER OF DAYS	1
BUS TYPE (SD / DD)	SD		
LOSS OF USE COST		\$300.00	

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

Authorised by Repairer

Signature:

Date:

Repair
Hp 90010068
1 day
22/11/24
Reg after repair

SUMMARY	
SECTION NO.	COST
1	\$ 3,259.87
2	\$ 1,417.00
3	\$ 300.00
TOTAL	\$ 4,976.87