

ASS. REC. BY:

Steve

REF:

CS/LIP24110493/Evh3

ASSIGNMENT

Reinspection

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SNF 4703G**

Policy No. _____

Claims No. **BVS24/0540**

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SMX4410T** Yr Regn: **13 Jan 2021**Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or _____

Make: **TOYOTA NOAH HYBRID c.c 1797**Colour: **Black** A/C: **Insured / Std / NI / NA**Sp. Reading: **140587** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **ZWR800449929**Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** or _____Brake: **Inorder / Jammed / Leaked / Burnt** or _____Modi: **Nil / S/Rim / STD A/Rim** or _____Tyre Size: **F: 225/45R17****R: "**

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

TOYO / YOKO or **GRENLANDER**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **27/11/24 27/6/24** D.O.I. **25/11/24**Survey held at **PERFECT MOTOR**Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or**Rear RH**

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

Date / Time Action / Instruction

MV - \$136k

26/11/24 Submit LS \$2950 (red 1950,39%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B.I. (%) _____

Days Of Repair: **5**

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Constant Appraiser Services

Vehicle No : SMX 4410T

Our ref : CAS/24-09/012

Adjustment On Repair Costs And Replacement Of Parts:

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)	
<u>PARTS REPLACEMENT – LIST ITEMS</u>						
1	1pc	Rear bumper	Grazed/Torn	1,927.80	1,927.80	1025 /
2	1pc	Rear bumper retainer RH	Twisted/Bent	141.50	141.50	/
3	1pc	Rear fender RH	Dented/Warped	1,899.30	1,899.30	/
				3,968.60	3,968.60	
		Less 25%		(992.15)	(992.15)	
		Sub total		2,976.45	2,976.45	
<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u>						
1	1pc	Rear sport rim RH	Grazed/Warped	1,200.00	900.00	x nn
2	1pc	Rear tyre RH	Serviceable	400.00	-	250 ✓
3	1pc	Rear bumper top chrome plate	Necessary	500.00	350.00	x nn
4	1set	Rear bumper clip	Necessary	50.00	45.00	30
		Part total		5,126.45	4,271.45	
<u>LABOUR & MISC. CHARGES</u>						
1		Repair & replace damaged parts		1,000.00	750.00	/ 600
2		Spray paint affected area		1,200.00	800.00	450
3		Diagnose & reset system after repair		360.00	250.00	30
4		Spray anti rust on affected area		80.00	30.00	/
		Grand total		7,766.45	6,101.45	
Recommended cost of lump sum repair (To its pre-accident condition)					4,900.00	

5 days