

ASS. REC. BY: TaufikREF: CS/C3-000124120055/Tnh3ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Shahr

Vehicle: IN / OUT

Veh No: GBH9042D Yr Regn: 208/10

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

Truck / Trailer or

Make: Toyota Hiace c.c. 2982Colour: White A/C: Insured / Std / NI / NASp. Reading: 223/78 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STEHT 02P300245905

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI S/Rim / STD A/Rim orTyre Size: F: 195/R15R: - -

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

TOYO / YOKO or FivenzaFront: 6 mm Rear: 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 4/12/24Survey held at Ethoz Pandan

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

Rear n/s

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

Date / Time	Action / Instruction
	Taufik confirmed part by parts \$1570.87 and 4 days (red, \$320.01, 17%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

\$ + RS \$ _____

Phone

PLEASE ARRANGE TO SURVEY
VEHICLE AT PANDAN ROAD

Selamatshahh
CLAIM DEPARTMENT
DID : 66547727
FAX :

Date : 04/12/2024

To : LKK AUTO CONSULTANTS PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 26/11/2024

Vehicle No : GBH-9042-D

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>List Item</u>			
1	REAR FENDER RH	RESTORE Rp	
1	TAILLAMP RH	290.00	one
1	TAILLAMP LOWER PANEL RH	124.50	all
1	REAR BUMPER	RESTORE Rp	
	Sub Total	414.50	
	Discount 25% On Parts	(103.63)	
<u>Special Nett Item</u>			
1	ADVERTISMENT STICKER	300.00	net

Date : 04/12/2024

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	300.00	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	600.00	400
	TO RESPRAY AFFECTED AREAS	600.00	500
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	✓
	RUST PROOFING	50.00	30
	Sub Total	1280.00	
	Remarks:		
	<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <u>and</u> is subject to final approval from Insurance Company </div>	1,890.88	
	acknowledged by Repairer		
	re:		
	SUB TOTAL		
	GST 9.0 %	170.18	
	TOTAL	2,061.05	

Surveyor's name:

Tanfer 9749544

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

WP 4/12/24 430pm 04 days

p/p Resurvey new parts.