

ASS. REC. BY:

REF:

072 24 120059/KAL3

C

Kenneth

## ASSIGNMENT

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.

Bal. or Market Value:

852k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01

days

Res.: Yes or No

Lum Sum:

13.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

YP 89524

Yr Regn:

06, 18

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

Truck / Trailer or

Make:

Hino

X74710R

c.c

4009

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

117397

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JH1HUCV31420K 026222

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Yoko

700R16 X12

R0147M

(D)

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

22

mm

L/Bal.

8

mm

L/Bal.

22

mm

D.O.A.

18/10/24

D.O.I.

5/12/2024

Survey held at

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

o/s rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

9/12

8515.50 Cash (Red to 350, 40%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 11/12 turner

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

1

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fuel

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

EZ claims - TP

Lump Sum / I.B.I. (\$

515.50

TOTAL

# 趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: China Taiping Insurance (S) Pte Ltd

Policy No: Third Party

Date: 04.12.2024

Accident Date : 18.10.2024

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

| 数量<br>Quantity | 货 名<br>DESCRIPTION                                                                                        | 单 价<br>Unit Price | 银 Amount 额<br>\$ cts. |
|----------------|-----------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| 1pc            | Estimate Cost of Repair to "Hino" Reg. No. YP8952U<br>Claiming Against Your Insured Veh. No. PC8628G      |                   | 295.00                |
|                | Taillamp RH                                                                                               |                   | -                     |
|                | Less 10%                                                                                                  |                   | -                     |
|                | Labour Charge - Panel Beating, Repairing Of Rear Woden Side Gate<br>Latch, Metal Frame & Part Replacement |                   | 300.00 1001           |
|                | To Respray Affected Areas                                                                                 |                   | 300.00 1501           |
|                | Total :                                                                                                   |                   | 600.00                |

NOT Withheld  
Penny After Paying  
1 day  
@ 515.50

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: