ASS. REC. BY: Taufik | REF: CS/SMK2412007 7 | Tv 43

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.

N/S	O/S
X	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SHC2883 Yr Regn: 2019, 10

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Ioniq c.c 1580

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

Sp.Reading 35571 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVL417868

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: 195/65R15

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Triangle

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	5/12/24

Survey held at Ding Ang

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

Survey Fee:

Transportation: _____ $ + RS _____ SI

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

04/12/2024 20:09

JOB-NO: 50116597

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet) CONTACT: 65533880
64739522

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

VEHICLE DETAILS

LICENSE NO: SHC0288B TRANS: AUTO CHASSIS: KMHC851CVLU178681

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 D(ENGINE: G4LEKU362972

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP SA: Ding Auto User 1

CLAIM DETAILS

	DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
	LABOUR							
1	STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	400.00	0.00	400.00		Y	200
2	SUNDRIES	1.00	50.00	0.00	50.00		Y	X
3	DIAGNOSTIC(CLEAR FAULT CODE) & CHECK WIRING & LIGHTING SYSTEM	1.00	180.00	0.00	180.00		Y	X
4	RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
5	RESPRAY FRONT BUMPER CENTER MOULDING	1.00	200.00	0.00	200.00		Y	50
6	RESPRAY FRONT BUMPER DAYLIGHT COVER LH	1.00	150.00	0.00	150.00		Y	X 50
	TOTAL:		1,230.00	0.00	1,230.00			
	MATERIALS							
1	FRONT BUMPER	1.00	430.90	86.18	344.72	L	Y	de
2	FRONT BUMPER CENTER MOULDING	1.00	284.90	56.98	227.92	L	Y	ent
3	FRONT BUMPER DAYLIGHT COVER LH	1.00	93.00	18.60	74.40	L	Y	ent
4	FRONT BUMPER CLIP SET	1.00	45.00	0.00	45.00	S	Y	ner 30
	TOTAL:		853.80	161.76	692.04			
	TOTAL PARTS & LABOUR :		2,083.80	161.76	1,922.04			

EXCESS/LOADING:S$ 0.00

No. Of Day: 2

RE-SURVEY: BEFORE/AFTER PAINTING

PART-BY-PART OR LUMP SUM: S$

DATE OF SURVEY: 5 / 12 / 24 @ 5pm.

SURVEYED BY: Taufik taufik@lkkauto.com

CONTACT NO: 97495749 FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

60190078
Ding Auto User 1

ESTIMATOR
STA AUTOCENTRE
TEL: FAX:

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: