ASS. REC. BY: Tauffik | REF: cs/smR24120309 /Tgp3

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 WP

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SBS6307C Yr Regn: 2012, 10

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

Make: Mercedes Benz Citaro 0530 c.c 10000

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

Sp.Reading 659387 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB62808323/23750

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: 295/70R22.5

R: ~ ~ (D)

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	23/12/24

Survey held at Tower Transit Bishan Dr

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

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

Date / Time	Action / Instruction
1	

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: S + RS SI

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSIT

Co. / GST Reg No. 201419417K

ACCIDENT TIME REPORTED	15:42	BUS REGISTRATION NUMBER	SBS6307C
ACCIDENT DATE	18-Dec-24	BUS TYPE (SD/DD)	SD
BUS CAPTAIN NAME	CHAN WEN JIAT	BUS ROUTE NO.	
THIRD PARTY CLAIM AGAINST	SMRT	BUS ADVERT (Y/N)	N

SECTION 1 : PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	Total Cost
1	GLASS PANE (CMA)	1	$ 396.00
2	SIKAFLEX BLACK (NEL)	1	$ 35.20
		9% GST	$ 38.81
		PARTS TOTAL COST	$ 470.01

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 (650)	$ 1,300.00
	9% GST $ 117.00
	LABOUR TOTAL COST $ 1,417.00

SPRAY PAINTING $640 PER PANEL
LABOUR CHARGES $650 PER DAY

SECTION 3 : SUBMISSION OF BUS IN WORKSHOP FOR SURVEY & REPAIRS

LKK Auto Consultants hereby notifies 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 subject to final approval from Insurance Company

Acknowledged by Repairer

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

Taufiki 97445749
wp 23/12/24 @ 1145
plp Rosury new part / after repair
taufiki@lkkauto.com
0 / day

SUMMARY	
SECTION NO.	COST
1	$ 470.01
2	$ 1,417.00
3	$ 300.00
TOTAL	$ 2,187.01