

ASS. REC. BY:

REF: MS61

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s My Car

of 961K

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: \$124K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SNM 4751E Yr Regn: 09, 23

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

Truck / Trailer or

Make: Toy AIAS c.c. 1798

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 91710 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR 2323BE 400012640

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/RIm / STD A/RIm or

Tyre Size: F: 225/45ZR17

R: _____

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

TOYO / YOKO or Fire 89

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 19/12/24

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 23/12/2024

Survey held at _____

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

N/S for body

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

Date / Time Action / Instruction

1 EM not ready

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation: _____

\$ - RS. \$ _____

Others _____

Others _____

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

NOT Authorized
V/Roy B
Money After Rainy
5 days

MY CAR CONSULTANT PTE LTD
(Co Reg. No. 2016058782)
60 JALAN LAM HUAT, CARROS CENTRE
#05-68 (S737869)
Tel: 93911482

TO :	DATE :	23-Dec-24
ATTENTION :	MOTOR CLAIMS DEPT	JOB TYPE : T/P CLAIM
VEHICLE DETAILS		
:	VEHICLE NO :	SNM4751E
:	MODEL :	TOYOTA ALTIS

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	BONNET	1	\$ 1,125.00	\$ 1,125.00
2	FRONT BUMPER	1	\$ 821.00	\$ 821.00
3	FRONT BUMPER LOWER	1	\$ 582.00	\$ 582.00
4	FRONT BUMPER SIDE RETAINER LH	1	\$ 98.00	\$ 98.00
5	FRONT BUMPER SIDE GARNISH LH	1	\$ 212.00	\$ 212.00
6	FRONT BUMPER FOGLAMP COVER LH	1	\$ 198.00	\$ 198.00
7	SIDE MIRROR LH	1	\$ 698.00	\$ 698.00
8	FRONT FENDER LH	1	\$ 798.00	\$ 798.00
9	FRONT FENDER INNER SHIELD LH	1	\$ 198.00	\$ 198.00
10	FRONT FENDER EMBLEM 'HYBRID' LH	1	\$ 52.00	\$ 52.00
11	FRONT GRILLE C/W CHROME	1	\$ 512.00	\$ 512.00
12	HEADLAMP LH	1	\$ 3,598.00	\$ 3,598.00

TOTAL PRICE \$ 8,892.00
 LESS 25% \$ 2,223.00
 SUB TOTAL PRICE \$ 6,669.00

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIPS	10	\$ 6.50	\$ 65.00
2	FRONT BUMPER LOWER GRILLE CLIP	8	\$ 6.50	\$ 52.00
3	FRONT TYRE LH	1	\$ 300.00	\$ 300.00
4	FRONT SPORTS RIM	1	\$ 1,200.00	\$ 1,200.00

TOTAL \$ 1,817.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING, REMOVING AND REPLACING PARTS	\$800.00		500
2	SPRAY PAINTING TO AFFECTED AREA	\$800.00		600
4	CONDUCT WHEEL ALIGNMENT	\$150.00		600
5	WIRING CHECK	\$200.00		200
6	RESET ENGINE TROUBLE CODE	\$300.00	~	X
7	REFOCUS HEADLAMP BEAM	\$60.00		X

TOTAL

\$2,310.00

TOTAL PARTS COST : \$ 8,286.00
TOTAL LABOUR COST : \$ 2,310.00
TOTAL REPAIR COST : \$ 10,596.00

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: