ASS. REC. BY: Kenneth | REF: HSB/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s MCSB

of 05-68 8606

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: 868/C

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMK 4185L Yr Regn: 04 1.9

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

Truck / Trailer or A

Make: Honda Shuttle c.c 1498

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

Sp.Reading 302524 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 - 2001433

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: 195/55R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	4 mm
L/Bal.	7 mm	L/Bal.	4 mm
D.O.A.	1/12/23	D.O.I.	30/12/2024

Survey held at _____

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

O/Shody

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: _____

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____) Parking

☐ : Interview ($ _____) Others

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL

Report Format :

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

Not Authorised
11 Sum 8
Recovery after Paint
4 days

MCGAP WORKSHOP
60, ALAN LAM HUAT CARROS CENTRE
#05-68 S(737869)
HP:97816380

TO: HSBC

DATE : 4/11/2024

ATTENTION: MOTOR CLAIMS DEPT

JOB TYPE : T/P CLAIM

VEHICLE DETAIL
VEHILCE NO: SMK4185L
MODEL: HONDA SHUTTLE

QUOTATION SUMMARY

CLAIM DETAIL: PARTS

S/N	DESCRIPTION	QTY	UNIT LIST	TOTAL LIST
1	FRONT DOOE RH	1	$1,250.00	$1,250.00
2	REAR DOOR RH	1	$950.00	$950.00
3	REAR RETAINER RH	1	$60.00	$60.00
4	REAR FENDER RH	1	$450.00	$450.00
5	FRONT FENDER RH	1	$180.00	$180.00
6	SIDE SKIRT	1	$120.00	$120.00
7	RIM	1	$350.00	$350.00
8	FRONT DOOR HANDLE	1	$680.00	$680.00
9	REAR DOOR HANDLE	1	$420.00	$420.00
10	FRONT BUMPER PRICE (~~$~~ 1560)	1	~~$550.00~~	~~$550.00~~
11	~~FRONT FENDER RH~~			
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

TOTAL PRICE $5,010.00
LESS 10% -$501.00
SUB TOTAL PRICE $4,509.00

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:

SPECIAL ITEMS PART

S/N	DESCRIPTION	QTY	UNIT LIST	TOTAL LIST
1	FRONT DOOR HANDLE CARBON	1	240	$240.00
2	REAR DOOR HANDLE CANBON	1	240	$240.00
3				
4				
5				
6				
7				
8				
9				
10				
		TOTAL PRICE		$480.00

S/N	DESCRIPTION	QTY	UNIT LIST	TOTAL LIST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	1	700	$700.00
2	TO SPRAY PAINT AFFECTED AREA	1	900	$900.00
3	ALIGNMENT CHECK	1	80	$80.00
4	WIRING CHECK	1	60	$60.00
5				$0.00
6				$0.00
7				$0.00
8				$0.00
9				$0.00
10				$0.00
11				$0.00
		TOTAL PRICE		$1,740.00

FINAL AMOUNT COST:

ATTN BY SURVEYOR: