ASS. REC. BY: Kenneth | REF: SMR / CS/SMR24070114/Kvp3 | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tokaido

of 352W

Insured: SHB 5327U

Policy No. _____

Claims No. TAX/06/24/2063

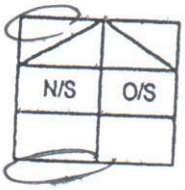
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 03/24 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SYN 5049H Yr Regn: 04, 14

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

Make: Mit Canter (A) c.c 2998

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

Sp.Reading 331616 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEC911A-00059

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: Amber Stone _____

R: Hilo 215/75R17.5 (4),

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 8 mm
L/Bal.	6 mm	L/Bal.	8 8 mm
D.O.A.	24/6/24	D.O.I.	5/7/2024

Survey held at _____

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

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

Date / Time	Action / Instruction
/	GIA & EA not ready
5/9	11hrs Blood. Center (red 7633.32, 87%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS: _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

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

Not Authorised
L/Lamp & 1100/-
Recovery After Pair
3days

JOYSKER WORKS

5035 Ang Mo Kio Industrial Park 2 #01-373 Singapore 569538
Company UEN: 53308377W Tel: 9876 5547
Email: joyskerworks@gmail.com

ESTIMATE

TO: MS FIRST CAP
ATTENTION: MOTOR CLAIMS DEPARTMENT

SURVEY VEHICLE: YN5049H
MAKE/MODEL: MITSUBISHI CANTER
DATE OF ACCIDENT: 24-06-2024
CLAIM TYPE: THIRD PARTY CLAIM

No.	LIST ITEM	QTY	UNIT LIST PRICE ($)	TOTAL LIST PRICE ($)
1	FRONT HEADLAMP RH	1	$ 501.42	$ 501.42
2	FRONT SIGNAL LAMP RH	1	$ 266.36	$ 266.36
3	FRONT HEADLAMP SIDE GARNISH RH	1	$ 230.34	$ 230.34
4	FRONT BUMPER	1	$ 1,010.34	$ 1,010.34
5	FRONT BUMPER BRACKET RH	1	$ 169.30	$ 169.30
			SUB TOTAL	$ 2,177.76
			LESS -25%	$ 544.44
			TOTAL	$ 1,633.32

No.	S/NETT ITEM	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR ALUMINIUM HYD LIFTER PLATFORM TAILGATE ROLLER	1	$ 280.00	$ 280.00
2	REAR ALUMINIUM HYD LIFTER PLATFORM TAILGATE TILT	1	$ 2,800.00	$ 2,800.00
3	REAR UNDER BAR	1	$ 600.00	$ 600.00
4	REAR UNDER BAR REFLECTIVE STICKER SET	1	$ 150.00	$ 150.00
				$ 3,830.00

No.	LABOUR		
1	TO DISMANTLE DAMAGE TAILGATE/HYSDAULIC REPAIR	$ 1,500.00	30%
2	TO SPRAY PAINTING ALL THE ACCIDENT PORTION AND POLISHING AFFECTED AREA	$ 600.00	30%
3	TO DISMANTLE AND REPLACED WITH PANEL BEATING ALL THE ACCIDENT PORTION	$ 600.00	18%
4	TO APPLY ANTI-RUST AND TUFF KOTE	$ ~~ 120.00	X
5	TO PERFROM LIGHTING AND WIRING CHECK	$ 120.00	20%
6	TO PERFORM CONDUCT WATER LEAKAGE TEST OF ACCIDENT PORTION	$ ~~ 80.00	X
7	TO PERFROM DIAGNOSTIC CHECK & RESET MEMORY FAULT CODE TO IDENTIFICATION STANDARD	$ ~~ 250.00	X
	TOTAL	$ 3,270.00	

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: