

ASS. REC. BY:

REF:

P021

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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.Bal. or Market Value: 8168K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: 1B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNE 4086EYr Regn: 03, 22

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

Truck / Trailer or _____

Make: Toy NoahC.C. 1787Colour: M.D. Violet

A/C: Insured / Std / NI / NA

Sp. Reading: 147091

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR 80 . 0523639

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or WESTAKE

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 7/7/24D.O.I. 13/7/2024

Survey held at _____

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

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

Date / Time

Action / Instruction

6/8 21:00 @ 8501 Carhu

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS. SI

: Factors

: Others

Report Format :

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

TOTAL



205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP(MSFC)Vehicle No. : SNE4096EMake & Model : TOYOTA NOAHYear of Manufacture : 2021Chassis No. : ZWR800523639Engine No. : 2ZR2P15329

Policy No. : _____

Time of Accident : _____

Ins Company : III

Excess : _____

Date of Accident : 7/7/2024

Suggested Days of Repair : _____

In-house Vehicle AssessorCase Owner : KELVIN

Signature : _____

Repair EstimatesParts (a) Cost / List Price Items \$ 865.00Plus/Less 25% \$ 216.25Total of Cost / List \$ 648.75

(b) Nett Price Items _____

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ -Total Parts Cost (Appendix A) \$ 648.75Labour (Appendix B) \$ 750.00Total Repair Cost \$ 1,398.75**Operation**

KELVIN SU

TEL: 9786 4236

E: kelvinsukwen@cdge.com.sg

SUN PIN

TEL: 9728 8916

E: oisunpin@cdge.com.sg

The above total will be subjected to 9% G.S.T.

Name of Surveyor : Kenneth
 Company : CIC
 Survey conducted on : 15/7/24 at _____

Remarks By Surveyor(a) The repair of this vehicle is not authorized / is not authorized until further notice.(b) Recommended Days of Repair : 02 day(s)(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : De Date: 15/7/24

NOT Authorized
Returning Bkpin

Spark Car Care

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax: 62815767

Spare Parts

Vehicle No : SNE4096E Case Owner : KELVIN
Make & Model : TOYOTA NOAH Year Manufacture : 2021
Chassis No : ZWR800523639 Engine No : 2ZR2P15329
Sales Order : _____ Supplier : _____
Order By : KELVIN Type of Claim : TP(MSFC)

S/No	DESCRIPTION	QTY	Cost Price	List Price	S/N	Disposition By Surveyor
1	REAR BUMPER	1	<i>Bu</i>	\$ 810.00		☒
2	REAR BUMPER CLIPS	10	<i>mc</i>	\$ 55.00	<i>IN</i>	☒
3						
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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
- Supplemenary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax: 62815767

Vehicle No. :	<u>SNE4096E</u>	Case Owner :	<u>KELVIN</u>
Make & Model :	<u>TOYOTA NOAH</u>	Year of Manufacture :	<u>2021</u>

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.