

ASS. REC. BY:

REF:

F021

C

Kenneth

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMB 968D Yr Regn: 06.19

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

Truck / Trailer or

Make: Toy Prius c.c. 1798Colour Mt. White / Red A/C: Insured / Std / NI / NASp. Reading 802982 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD KB3FU 503082109Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Wanli 195/65R15R: Dun

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

TOYO / YOKO or

Front

Rear

R/Bal. 2 mmR/Bal. 4 mmL/Bal. 8 mmL/Bal. 4 mmD.O.A. 27/7/24D.O.I. 31/7/2024

Survey held at _____

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

N/S Rear

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

Date / Time Action / Instruction

18 Sep 2006 Cab

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: ☐ : Site Insp (\$

Transportation

☐ : Interview (\$

S - RS, SI

☐ : Tech Invs (\$

Fees

☐ : Weekend (\$

Others

Report Format :

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

TOTAL

Not Notified
11 Sep & 2000

AAD2407-105

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB9618D

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

31 JUL 2024

SHB9618D

JTDKB3FU503082109

200303878K

TOYOTA

PRIUS

27/7/2024

SHC3623Y/MSFCI

27/6/2019

PART

- 1 COVER, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 FILLER, REAR BUMPER EXTENSION, LH
- 1 PANEL SUB-ASSY, QUARTER, LH
- 1 LINER, REAR WHEEL HOUSE, LH
- 1 COVER, FLOOR UNDER, NO.1 LH
- 1 COVER, REAR COMBINATION LAMP, LH
- 1 LENS AND BODY, REAR LAMP, LH
- 1 LENS & BODY, REAR COMBINATION LAMP, LH

LIST

\$	Bul/mt	558.39	✓
\$	cm	19.43	✓
\$	mt/mt	726.92	✓
\$	R	419.90	X
\$	mt	155.72	✓
\$	R	1,099.46	X
\$	sm	176.09	X
\$	sm	220.50	X
\$	sm	81.48	X
\$	sm	634.73	X
\$	cm	559.13	✓

TOTAL \$ 4,651.71

25% \$ 1,162.93

\$ 3,488.78

Special Nett

- 1 REAR BUMPER CLIP
- 1 FENDER LINER CLIP
- 1 REAR TAIL LAMP CLIP

\$	na	65.00	605N
\$	na	65.00	X
\$	na	65.00	X

TOTAL \$ 195.00

TOTAL PARTS \$ 8,543.40

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 250.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 1,800.00 500

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SHB9618D

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ *nn* 380.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 3,000.00 *4001*

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 *X*

To transfer of rear fender panel fittings, attachment and perform water seepage test.

\$ *nn* 170.00 *X***TOTAL \$ 5,990.00****Over All Total \$ 18,022.18****(PART-BY-PART) Repair Days***06 Days**3 days*

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: