

CS/1502 24080117/Kgp3

C

ASS. REC. BY:

Kennerh

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.

Bal. or Market Value: 836K

IDAC Accident Rpt: _____

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

Date: 08/18

Person Contacted: _____

Vehicle: IN / OUT

Veh No: WC 6336D

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

Truck / Trailer or

Make: Isuzu

Colour: MTI Colour

Sp. Reading: 401937

Eng/No: _____

C/No: JAL CYH 525 D 7:00233

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 295/80R22.501

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

TOYO / YOKO or

Front

R/Bal. 9 9 mm

L/Bal. 9 9 mm

D.O.A. 3/8/24

Survey held at _____

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

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

Date / Time

Action / Instruction

19/8 21Rm @ 2600k Carbur (Med & 8812.50, 77%)

Date/Time, File Pass to?

1) 20/8 11:00 AM
Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.L. (\$) 2600

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

S - RS. SI

Fuel

Others

TOTAL

TSR AUTOMOTIVE PTE LTD
HANDPHONE 93825367

Not Wharfedale
11/10/24 & 2600h
Resurvey After Rain
3 days

Date : 07/08/2024

QUOTATION - THIRD PARTY CLAIM

MS First Capital Insurance

CLAIM : THIRD PARTY CLAIM

DATE ACCIDENT : 03/08/2024

VEH. No : WC 6336 D

ATTN : MOTOR CLAIM DEPARTMENT

INSURE : INCOME INSURANCE

QTY	ITEM	AMOUNT	CONDITION
Third party vehicle : PC 6921 Y			
2	TAILLAMPS	\$ 792.00	X
2	TAILLAMP BRACKETS	\$ 440.00	X
1	REAR No. PLATE LAMPS	\$ 220.00	X
1	REAR No. HOLDER	\$ 198.00	X
TOTAL PARTS :		\$ 1,650.00	
LESS 15%		\$ 247.50	
TOTAL LIST PARTS :		\$ 1,402.50	
<u>S/NETT PARTS</u>			
1	REAR LH BUCKET / TRAY 700	\$ 1,600.00	✓
1SET	REAR LH BUCKET / TRAY BRACKETS 300	\$ 600.00	✓
1	REAR LH BUCKET LOWER BRACKET	\$ 480.00	X
1	REAR SAFETY BAR 1200	\$ 3,200.00	✓
2	REAR SAFETY BAR SIDE BRACKETS	\$ 1,200.00	X
1	REAR No. PLATE	\$ 60.00	X
1SET	REAR MUDFLAPS	\$ 600.00	X
TOTAL S/N :		\$ 7,740.00	
TOTAL PARTS PRICE :		\$ 9,142.50	
AMOUNT BRING FORWARD :		\$ 9,142.50	
Labour charges to repair, replace parts, cutting welding on rear accident affected area		\$ 1,200.00	600h
Anti rust		\$ 150.00	50h
Check wiring system		\$ 120.00	X
To do spray painting on accident area		\$ 800.00	450h
TOTAL LABOUR :		\$ 2,270.00	
GRAND TOTAL PARTS & LABOUR :		\$ 11,412.50	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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

Signature: _____

Date: _____