ASS. REC. BY: Kenneth | REF: c/l SPF2408013S/Kgh3 | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Alwin

of 176 245E

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: @31k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 11/27 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SFB 9027H Yr Regn: 11 / 07

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon

Make: BMW X3 c.c 2497

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

Sp.Reading 219502 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAPC72070WC60469

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 235/50R18

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	4 mm
L/Bal.	5 mm	L/Bal.	4 mm
D.O.A.	15/7/24	D.O.I.	20/1/2025

Survey held at _____

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

RF RH door mirror

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

Date / Time	Action / Instruction
21/1	Lump @ 1350/- Called (Red @ 316i, 70%)

Date/Time, File Pass to?

1) 24/1 [ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: [ ] : Site Insp ($ _____)

[ ] : Interview ($ _____)

[ ] Tech Invs ($ _____)

[ ] Weekend ($ _____)

Report Format : TP

Lump Sum / I.B.I: (S 1350

ABWIN SERVICE PTE LTD
176 SIN MING DRIVE
#01-11 SIN MING AUTOCARE, SINGAPORE 575721
Tel: 65179701 Fax: 65179704
Email: servicecentre@abwinm9.com Website: www.abwinm9.com
Company Reg. No: 201318685G GST Reg. No: 201318685G

ABWIN Service Pte Ltd
M9 Automobile Pte Ltd
M9 International Pte Ltd

9691 0663

ESTIMATED COST: HQQO00999

TO : INCOME INSURANCE LIMITED
ATTN : MOTOR CLAIM DEPARTMENT

SFB9027H
MOHAMED FAIROZ BIN MOHAMED RAHMAN
CONTACT NO : 90456778

DATE	:	08-OCT-2024
MAKE	:	B.M.W.
MODEL	:	X3 2.5SI
CHASSIS NO	:	WBAPC72070WG60464
ENGINE NO	:	02276664N52B25AF
SERVICE ADVISOR	:	MIKAELA
PAGE	:	1 OF 1

QTY	DESCRIPTION	REPAIR AMOUNT (SGD)	SURVEYOR APP (SGD)
LIST ITEM			
1	SIDE MIRROR RH	1,258.00	
1	SIDE MIRROR COVER RH	356.00	
1	SIDE MIRROR BRACKET RH	152.00	
1	SIDE MIRROR GLASS RH	345.00	
	Sub Total	**2,111.00**	**0.00**
LABOUR			
1	TO SPRAY PAINT ON AFFECTED AREAS	800.00	
1	TO DISMANTLE, REPLACE AND/OR REPAIR REVERSE SENSOR & TESTING	800.00	
1	TO PANEL BEAT ON AFFECTED AREA	800.00	
	Sub Total	**2,400.00**	**0.00**
	SUB-TOTAL	**4,511.00**	**0.00**
	GST - 9 %	**405.99**	**0.00**
	TOTAL	**4,916.99**	**0.00**

Not Authorised
Resurvey After Paint
2 day

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:

ABWIN SERVICE PTE LTD

Prepared By