15/5/2010			LKK:	
INS. CASE OWNE	R: CC 4 / 111 20	000 0118 /	R 953 IDAC:	
	ASS	SIGNMENT		
		11/2020	Date / Time : 31 12 1	19
Surveyor:	Boi1	1117070	- 2	0/1/2070
			Registered in Merimen:	11/20/0
Pre-assign / CCU	/FTE			
Insured Vehicle N	10. : SH 8603R	Claim No.	: Artiset . In .	
misured veinere is	0			
Name of Insured		Policy No.	:	
Insured Tel No.	: HP:	Make / Model	:	
Excess Sec II :S\$	2/1/2/16	Place of Accid		
		Tiace of Accid	lent .	
Is driver the owne	r? (YES / NO) Nature of Accident :			
If NO, Driver Na	me / Age :	OI GIA REPO	RT: YES / NO ; TP GIA REPOR	T: YES / NO
Driver Tel	No.: (V/L: YES / NO)	Insured Liabili	ity: % Final? Yes	s / No
Chu)21	I D			
SMN 376	$r \longrightarrow $		\longrightarrow $-$	
INSRS:	INSRS:	INSRS:	INSRS	S:
WSP: Allswell		WSP:	WSP:	
H H Tel:	H H Tel: H H	Tel:	Tel:	
Liability:	Liability:	Liability:	Liabili	
RMKS:	RMKS:	RMKS:	RMKS	š:
Date/ Time				
	SMN 3761P:X		STAGE	DATE / PIC
	SH8603/2: NS/INC/7007392/HIGH3	m2,000:12/4/17	Non-Reporting ltr (1st):	
		· · · · · · · · · · · · · · · · · · ·	Non-Reporting ltr (2nd):	
460			Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
			Call OI:	
7			After call ltr to OI:	
			Documentation Check List: Ha	ndler Typist
			Notification ltr (if non-pickup)	
			After call ltr to OI:	
			Authorisation To Act:	
			Release Voucher:	
			Final Repair Bill:	
4-			Car Rental Invoice:	
			Towing Invoice	
			LTA / GIA:	
			Medical Bill:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
DDEL DAME SECTION	D + 677		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos:	
EXPLAY AND A STORY	D. M.		Others:	
FINALIZATION	Date/Time: Confirm with:	2.	Confirm by:] a # []
Repair Cost:	S\$ (days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time: Confirm with		Email Call	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. S\$:	If NO or B 28, Ass. Lia:	
Repair Cost: Loss of Rental (LOR):				
Loss of Use (LOU):				
Loss of Income (LOI):	00			
LOR only LOU only		ly onel		
GIA/LTA Search	S\$	ay one		
Medical:	S\$		1) Claim status: Normal/Reject/	Private Settle
Disbursement:	S\$ (e.g. Tow/ Indep	pendent)	2) Report Format:	
Legal Cost	S\$		3) Survey fee:	
Total:	S\$ Global Sum S\$:			
FINAL PAYMENT	Date/Time: Confirm with:		Email Call	*
Payee 1:	S\$ Name 1:			
Payee 2: (Strike if N.A.)	S\$ Name 2:			
Payee 3: (Strike if N.A.)	S\$ Name 3:			
,				

ASSIGNMENT

From: Date: 07/01/20	20 Veh No: SMN 3761P Yr Regn: 2019 / MG
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SMN 3761 P	Make: ToyoTA NOAH HYBRID 1-8XCVT C.C 1797
at Workshop m/s Allswell	Colour BUSEK A/C: Insured / Std / NI / NA
of 25 Defy Leine 9	Sp.Reading 49 [[(T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ZWR800396466 *
Claims No.	Gen. Cond: Good / Pany Poor / Burnt
Sum Insured: Excess:	Steering: In order DJammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: After Ipm	Modi: Nil / STRim / STD A/Rim or
	Tyre Size: F: 195/65R18
(Policy Condition)	R:
	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or KAPSEN
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 30/12/9 D.O.I. 07/01/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at All sweet
CA / REV / REP. / 24 HRS 140	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
7/6-	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add	Fee: : Site Insp (\$)s+RS,SI
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Sum / LBJ: (%	:Weelend (\$)
	TOTAL

ALLSWELL MOTOR TRADERS



25, Defu Lane 9, Singapore 539266

GST Reg No.: 53192889J

Tel No.: 6679 1146 / 91478545

Email: ben@allswellmotor.com.sg

account5@allswellmotor.com.sg

(3rd Party Claim Against India Inti - SY 8603 R

Repair Estimate

Vehicle No. : SMN 3761P Make & Model : Toyota Nogh

Submitted by : Chai yell COE Expiry : 4/8/2019.

S/No	Part Description	Qty	Price	Unit Price	Disposition by
1.0	2. 1.4.1. 1.7		14 . 0 . 1		
01	Rear tailgate bt/ Rear bumper repair windscreen moulding x 3 New/	01	# 1919		
03	Kear bumper report	01	# 1718		
03	Windscreen Montary X 3 New 7	01	4155		
					Asu
	Special Neff				Hp 90010068
01	windscreen sealant ner	01	\$ 55		1
02	windscreen sealant now/ Clas / Studs for Lumper X	01	\$ 50		3 days
	\$50 / PK+				1/0
					11
-					07/01/2020
					Rom
	Labour Description	0.1	W .0		10
01	Install windscreen	01	\$ 180	120	before
02	Dismantle /Assembly of affected	01	\$ 480	300	paint
03	parts Spray painting of affected parts including polish and wash	01	4 500	400	Jacis
\dashv	including polish and wash				
-					

Note: If any the quoted parts are recommended to be repaired, the Kanuadditional labour cost will be charged accordingly under supplementary.

- 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: