

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 Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKX1051P Yr Regn: 2015 / Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Vellfire c.c 2493
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 227907 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: AGH300021924
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 235/50R18
 R: 235/50R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 24/02/20
 Survey held at Modern
 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
	<u>TP Clinic.</u>
	<u>G112 PIP \$1,540.97</u>
	<u>(RED: \$294.07/16%)</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Photos	
Others	
TOTAL	

Report Format: _____

Lump Sum / I.P.I. (\$) _____

MODERN AUTOMOTIVE PTE LTD
BLK 3023A UBI ROAD 1 # 01-61
SINGAPORE 408717
 Tel : 6748 4422/ 6745 4422 Fax : 6747- 6720 REG NO 200501102H

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 Anson Road #16-00
 Springleaf Tower
 Singapore 079909
 Tel : 6389 - 6111
 Fax : 6224 - 7478 / 7175

Quotation
 DATE : 24.02.2020
 VEH NO : SKX1051P
 MODEL : Toyota Vellfire
 D O A : 22.02.2020
 YR REF : SLE1100U

Vic

Attn : Motor Claim Dept (Pls arrange vehicle survey & check liability)

RE : ESTIMATE FOR ACCIDENT REPAIR SKX1051P (TOYOTA VELLFIRE)

<u>Item</u>	<u>Description</u>	<u>Qty</u>	<u>Amt</u>
NO	LIST ITEMS		
1	Front Wing Mirror - RH <i>Broken</i>	1	1,300.30 ✓
2	Front Wing Mirror Cover - RH <i>Missing</i>	1	181.00 ✓
			<hr/>
			\$ 1,481.30
			(296.26)
			<hr/>
			\$ 1,185.04
			<hr/>
	Total parts		\$ 1,185.04

Less 20% 25%

1185.04
1110.97

LABOUR CHARGE

1	To renew above parts		\$ 200.00 <i>100</i>
2	To spray up fender, mirror	<i>430</i>	\$ 400.00 <i>300</i>
3	To check wiring system		\$ 50.00 <i>30</i>
			<hr/>
	Total Labour		\$ 650.00
			<hr/>
	Grand Total		\$ 1,835.04

LGST will be reflected in the final bills
 the Repairer of the following:
 • To resurvey before/after spray painting
 • To display damaged part(s) during resurvey
NOTE :
 • Parts prices are subject to confirmation
 • **PLEASE INFORM US WITHIN 14 DAYS, FROM THE DATE OF THIS LETTER, IN THE EVENT THAT THE OWNER/DRIVER IS IN BREACH OF ITS POLICY**
 • 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:

total: 1540.97
(P/P)
02 days.