

22/10/2020

ASS. REC. BY:

REF:

CS/SMO20004668/Ksd3

Special Instruction:

Assigner: Kenneth

ASSIGNMENT (Office)

From (Person): Grace Teo

of

SMO

Date/Time: 30/3/2020 2:31pm

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

GBA 7735M

Insured:

SLN9828D

at Workshop m/s

AE Auto

Tel:

9382 5367.

of

160 Sin Ming Drive # 06-01

Policy No:

Claim No:

CMTD 2001305/MYE

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/03/2020

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 2:49pm 30/3/2020

Person Contacted:

Ryan

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate

(✓)

02/04/20

@ 15:31 pm revised PA to melvin via email.

REG. BY:

REF: *Smo /*

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:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBA 7735 Yr Regn: *12, 07*

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

Truck / Trailer or

Make:

MIT Camu c.c. *2977*

Colour

White A/C: Insured / Std / NI / NA

Sp. Reading

389267 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModl: *Nil* / S/Rlm / STD A/Rlm or

Tyre Size:

F: *Yoko 195R 15X8*R: *B.5* (D)

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

TOYO / YOKO or

Front

R/Bal.

2 mm

L/Bal.

2 mm

D.O.A.

26/3/20

Rear

R/Bal.

3 3 mm

L/Bal.

3 3 mm

D.O.I.

1/4/2020

Survey held at

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

*1**Kenneth*

Confirmed US \$ 2,600/- @ 3 days with Ryan
(- \$ 2,082.00 Red - 73%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: *3*1) *Typist*☒

: Final Report

Resurvey No. of Trlp: *2*

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

Report Format:

Lump Sum / I.B.I: (\$ *2,600/-* US)

TOTAL

Not Attached
11 Sep 87
Penney After Repair
3 days

31/03/2020

QUOTATION - TP CLAIM

SOMPO INSURANCE SINGAPORE PTE LTD

Attn: Motor Claim Department, Officer In Charge

Claim : T.P CLAIM
Veh. No : GBA 7735 M
Model : MITSUBISHI FUSO
INSURE : NTUC INCOME

QTY	PARTICULARS	AMOUNT	REMARK
	YOUR INSURE : SLN 9828 D		
1	TAILGATE		
1	REAR DECK END PANEL	\$ 2,850.00	X 2348
1	FLOOR PANEL	\$ 980.00	X
2	TAILLAMPS	REPAIR	
2	TAILLAMP BRACKETS	\$ 960.00	X 288 536
1	REAR CENTER BEAM	\$ 440.00	X
1SET	SPARE TYRE BRACKETS	\$ 1,285.00	X
1	REAR EXHAUST	\$ 385.00	X 336
		\$ 840.00	X
	TOTAL PARTS ;	\$ 7,740.00	
	LESS 20 %	\$ 6,192.00	
	S/NETT		
1	70KM/H	\$ 60.00	155n
1	7PAX STICKER	\$ 200.00	155n
1	REAR No.PLATE	\$ 90.00	255n
	SPARE TYRE	\$ 550.00	X
	TOTAL S/N ;	\$ 900.00	
	TOTAL :	\$ 7,092.00	
	Balance b/f	\$ 7,092.00	
	LABOUR CHARGES		
	Labour charges to replace repair, pull chassis, align , adjust	\$ 1,000.00	4501
	To do spray painting on affected area	\$ 1,000.00	4001
	To do rear deck body alignment	\$ 350.00	X
	to check wiring system	\$ 120.00	201
	Anti rust	\$ 120.00	X
	LABOUR CHARGES	\$ 2,590.00	
	Grand Total Parts & Labour :	\$ 9,682.00	

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: