

ASS. REC. BY:

REF: AG/

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Optima
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: PKK 1177B Yr Regn: 06/16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Honda vecc c.c. 1496
 Colour: M. Gray A/C: Insured / Std / NI / NA
 Sp. Reading: 148087 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RU3 1204460
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NI / SIRIm / STD / NRI or
 Tyre Size: F: 215/60R16
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 1.8.1 days Res.: Yes or No
 Lum Sum: 04 % 3 Val.: Yes or No

BS / PUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 2 mm Rear R/Bal. 2 mm
 L/Bal. 2 mm L/Bal. 2 mm
 D.O.A. 3/13/20 D.O.I. 9/4/2020
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
OLS M
 The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
/	

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

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

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

Survey Fee: _____
 Transportation: _____
 S - RS. SI _____
 Extras _____
 Others _____
 TOTAL _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

Date: 06.04.2020
Vehicle No: SGK1177B
Model: HONDA VEZEL 1.5X HYBRID
Chassis: RU31204460-2016
Reg. Year: 2016

Third Party Insurer: AIG
Third Party Veh No: SDU8908X
Date of Accident: 31.03.2020

*Not available
Running Bp pain 4 days*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT FENDER RH	1		<i>Bz</i> \$405.20
2	FRONT FENDER 'HYBRID' EMBLEM RH	1		<i>nn</i> \$68.50
3	FRONT FENDER INNER LINER CLIPS	8	\$5.50	<i>nn</i> \$44.00
4	FRONT FENDER EXTENTION COVER RH	1		<i>Red 101</i> \$172.10
5	FRONT BUMPER SIDE BRACKET RH	1		<i>nn</i> \$29.50
6	FRONT DOOR RH	1		<i>n</i> \$936.40
7	FRONT BUMPER CLIPS	8	\$5.50	<i>nn</i> \$44.00
8	FRONT BUMPER	1		REPAIR
SUB TOTAL				\$1,699.70
LESS 20%				-\$339.94
PARTS TOTAL				\$1,359.76

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPAIR, REPLACE, REFIX & READJUST FRONT ACCIDENT AREAS & ETC. *400* \$480.00

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANISM & ETC. TO EFFECT REPLACE OF FRONT DOOR RH. *nn* \$120.00 X

LABOUR CHARGES TO CHECK WIRING & DOOR CENTRAL LOCKING SYSTEM & ETC. *nn* \$60.00 X

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT FENDER RH & FRONT DOOR RH. *680* \$750.00

LABOUR TOTAL \$1,410.00

TingAn TOTAL \$2,769.76

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: