

(08/11/13) wef

ASS. REC. BY: *marcus*

REF:

CC4/ASM20005162/UK93

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *YN 6466E*at Workshop m/s *10350*

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: *48k.*

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: *3* days Res.: Yes or NoLum Sum: *20* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 19473

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *YN 6466E*Yr Regn: *19 14*

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

Truck / Trailer or *car*Make: *Mit Fuso FM 65*Colour: *white*Sp Reading: *281262*

Eng/No: _____

C/No: *FM 65 FMA 10099*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModi: *Nit* / S/Rim / STD A/Rim orTyre Size: F: *11 R 22.5*

R: _____

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

TOYO / YOKO or *Firestone*

Front

R/Bal. *5-* mmL/Bal. *5-* mmD.O.A. *6/4/20*

Survey held at _____

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

0/5 rear

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

Date / Time

Action / Instruction

28/4/20 *1/5 82900 conf. and w. h. suban.*

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS ___ SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$

)

TOTAL

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbro@gmail.com

Invoice/Ref No: YN6466E200406

Estimate**Customer**

Name: AXA Insurance Singapore Pte Ltd

Date: 09-04-20

Address Motor Claims Department

Vehicle No: YN6466E

8 Shenton Way #27-01

Model/Make: Mitsubishi Fuso

AXA Tower

Singapore 068811

FM65FM2RDEB

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Rh Freezer Box Door <i>Dis/cna</i>	\$3,800.00	- 2800 s.~
2	Freezer Box Door Rubber <i>to-r</i>	\$ 450.00	- 200.
3	Freezer Box "Corporate" Advertisement & Sticker <i>mc</i>	\$ 220.00	-
4	Freezer Box Pillar <i>n</i>	\$ 1,050.00	X
5	Freezer Box Hinge 1 set <i>su</i>	\$ 250.00	X
	To check all wiring & electrical component for proper function	\$ 50.00	7 250
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 480.00	-
	To putty & spray painting & including touch up paint on accident affected	\$ 500.00	- 200

Total Parts & Labour of estimate for damaged vehicle

\$6,800.00

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Brother Auto Engrg Wks

not Authorized
1/5 2900
15 64/20
3 days

S.N

S.N - 3220

L - 450

3670

202

2936

1/11 khoncha

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: