

ASS. REC. BY:

REF:

14 / 2000 85301Kg

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

insured: _____

Policy No. _____

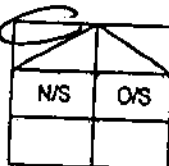
Claims No. _____

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: 02 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLU 233S Yr Regn: 12, 17Type: M. Car M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mer C1A180 c.c. 1595Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 28827 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 1173422N576192Gen. Cond: Good Fair / Poor / BurntSteering: In order Jammed / Leaked / Burnt orBrake: In order Jammed / Leaked / Burnt orModl: NII S/Rlm / STD A/Rlm orTyre Size: F: 225/40 R18

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 7 mmL/Bal. 6 mm L/Bal. 7 mmD.O.A. 13/8/20 D.O.I. 18/8/2020

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

/ EH not ready10/19 LL Imp 837000 Confirmed

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

) \$ - RS. SI

) Extra

) Others

TOTAL

Report Format :

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

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08

SIN MING AUTOCITY, SINGAPORE 575722.

Tel No. : 64536256/64563715 Fax No. : 64557754

E-Mail : kumchew1@singnet.com.sg

GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #04/#05

IOB BUILDING, SINGAPORE 049711

Attention : Motor Claim Department

Contact : 63476100 Fax No. : 62244174/62257743

Estimate : ES005005

Date : 18/08/2020

Vehicle Num. : SLU 233 S

Make/Model : MERCEDES BENZ CLA180-2017

Chassis/Eng# : WDD1173422N576192

Accident Date : 13/08/2020

Claim No. :

Reference : KC/TP233/2008-04

Policy No. :

Not Notified

11 Days 83700/

2 days

S/N	Quantity	Particular	Unit Price	Amount S\$
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- | | | |
|----|------|-------------------------------|
| 1. | 1 PC | LIST ITEMS : |
| 2. | 1 PC | FRT BUMPER |
| 3. | 1 PC | FRT BUMPER SIDE RETAINER - LH |
| 4. | 1 PC | FRT BUMPER REINFORCEMENT |
| 5. | 1 PC | FRT BUMPER GRILLE - CENTER |
| 6. | 1 PC | FRT BUMPER SIDE GRILLE - L/H |
| 7. | 1 PC | FRT PARKING SENSOR (CENTRE) |
| 8. | 1 PC | FRT PARKING SENSOR (SIDE) |
| 9. | 1 PC | FRT HEADLAMP - LH |
| 9. | 1 PC | FRT BUMPER SPONGE |

List TotalS\$:

10.00% Discount S\$:

5,546.60

554.66

4,991.94

LABOUR :

TO PULL, KNOCK ON FRT ACCIDENT PORTION & CHANGE THE ABOVE PART.

TO SPRAY & PAINT ON FRT ACCIDENT PORTION.

TO ANTI-RUST N/S AFFECTED AREAS.

TO CHECK WIRING FUNCTION.

Labour Total S\$:

480.00

580.00

30.00

50.00

1,140.00

SingDollars : Six Thousand One Hundred Thirty-One & Cents Ninety-Four Only

Total S\$: 6,131.94

KUM CHEW MOTOR WORKSHOP

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: