ASS. REC. BY: Kenneth | REF: 14 / 2000 85301 Kg | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Kum Chan

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: 02 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLU 2335 Yr Regn: 12,17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mc CLA 180 c.c 1595

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 28827 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 1173422N576192

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/40 R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

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

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	EM not ready
10/9	L/Lamp 83700 Confirm

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS _____ SI

Parts _____

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

Not Authorised
U/Sup $3700/-
2 days

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. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1 PC	FRT BUMPER	Mgcm	1,378.90 ✓
2.	1 PC	FRT BUMPER SIDE RETAINER - LH		66.23 —
3.	1 PC	FRT BUMPER REINFORCEMENT	R	337.66 ✗
4.	1 PC	FRT BUMPER GRILLE - CENTER		157.91 ✗
5.	1 PC	FRT BUMPER SIDE GRILLE - L/H		78.92 ✗
6.	1 PC	FRT PARKING SENSOR (CENTRE)		180.86 ✗
7.	1 PC	FRT PARKING SENSOR (SIDE)		180.86
8.	1 PC	FRT HEADLAMP - LH		2,987.53 ✓
9.	1 PC	FRT BUMPER SPONGE	CM	177.73 ✓
		List TotalS$:		5,546.60
		10.00% Discount S$:		554.66
				4,991.94
		LABOUR :		
		TO PULL, KNOCK ON FRT ACCIDENT PORTION & CHANGE THE ABOVE PART.		480.00 2.5 hr
		TO SPRAY & PAINT ON FRT ACCIDENT PORTION.		580.00 2.5 hr
		TO ANTI-RUST N/S AFFECTED AREAS.		30.00 ✗
		TO CHECK WIRING FUNCTION.		50.00 2 hr
		Labour Total S$:		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: