

ASS. REC. BY:

REF: AIG/ 2000 9896/Ke53

G

Kenneth

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: \$121K

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 04 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: FBQ 9953C Yr Regn: 01, 20

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

Truck / Trailer or

Make: Yamaha MT15 c.c. 155

Colour: Gray / Black A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: MH3RG5610VCK 004228

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD (A/Rlm) or

Tyre Size: F: 110/70R17

R: 150/60R17

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

Front

Rear

R/Bal. 3 mm R/Bal. 5 mm

L/Bal. mm L/Bal. mm

D.O.A. 17/8/20 D.O.I. 11/9/2020

Survey held at

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

Rt C n/s body

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

Date / Time Action / Instruction

1/ GIA will email over, Motor Switch jammed

8/10 11pm @ 315d. Car fixed

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: \$ + RS. \$

Fees

Others

TOTAL

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

Report Format :

Lump Sum / I.B.I. (\$) 1

TO :		DATE :	
ATTENTION :	MOTOR CLAIMS DEPT	JOB TYPE :	T/P CLAIM
ESTIMATE REPORT :			
<u>OWNER'S PARTICULAR</u>		<u>VEHICLE DETAILS</u>	
NAME :		VEHICLE NO :	
ADDRESS :		MODEL :	YAMAHA
TEL. NO. :		CHASSIS NO :	
OWNER'S INSURANCE :			
POLICY NO. :			
<u>ACCIDENT DETAILS</u>	DATE :		
	TIME :		
THIRD PARTY REQUESTOR / CONTACT :			

Not authorized
LI Pay @ 3150/-
Heavy After Paint

4 days

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT FAIRING (SET) <i>Red / Lt</i>	1	\$ 1,219.00	\$ 1,219.00
2	FRONT FAIRING BRACKET (LH/RH)	2	\$ <i>R</i> 159.00	\$ 318.00
3	FRONT WHEEL MUDGUARD <i>LT</i>	1	\$ 297.20	\$ 297.20
4	FRONT SIGNAL LAMP LH <i>Br</i>	1	\$ 72.00	\$ 72.00
5	FRONT LOWER FAIRING SET <i>R</i>	1	\$ 498.00	\$ 498.00
6	FRONT FORK BRACKET <i>nn</i>	2	\$ 45.00	\$ 90.00
7	RIDER SEAT LOWER GARNISH SET <i>Pr</i>	1	\$ 359.00	\$ 359.00
8	FUEL TANK ASSEMBLY <i>Br</i>	1	\$ 898.00	\$ 898.00
9	FOOT GEAR LEVER <i>Br</i>	1	\$ 312.00	\$ 312.00
10	CLUTCH LEVER <i>Red</i>	1	\$ 112.00	\$ 112.00
11	ENGINE LOWER COVER <i>Pr GAT</i>	1	\$ 298.00	\$ 298.00
12	ENGINE SIDE COVER LH <i>LT</i>	1	\$ 329.00	\$ 329.00
13	PILLION FOOT REST BRACKET LH <i>Br</i>	1	\$ 98.20	\$ 98.20
14	HANDLE LH <i>Br</i>	1	\$ 298.50	\$ 298.50
15	HANDLE BALANCER LH <i>Red</i>	1	\$ 81.00	\$ 81.00
16	HANDLE SHAFT LH <i>Pr</i>	1	\$ 298.00	\$ 298.00
17	BATTERY <i>Br</i>	1	\$ 128.00	\$ 128.00

✓
 X
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3000
 9
 3300.00
 3200.00

18	LEG REST LH	<i>Per</i>	1	\$	98.20	\$	98.20	<i>✓</i>
19	BRAKE FOOT LEVER	<i>Per</i>	1	\$	68.50	\$	68.50	<i>X</i>
20	PARKING STAND	<i>Per</i>	1	\$	287.00	\$	287.00	<i>✓</i>
21	REAR VIEW MIRROR LH	<i>Per</i>	1	\$	247.00	\$	247.00	<i>✓</i>
22	REAR WHEEL CHAIN COVER GARNISH LH	<i>Per</i>	1	\$	156.20	\$	156.20	<i>X</i>
23	EXHAUST SILENCER SET	<i>Per</i>	1	\$	1,211.00	\$	1,211.00	<i>X</i>
24	REAR SIGNAL LAMP	<i>Per</i>	2	\$	68.00	\$	136.00	<i>✓</i>
25	REAR SIGNAL GARNISH SET	<i>Per</i>	1	\$	259.00	\$	259.00	<i>✓</i>
26	REAR WHEEL NUT LH	<i>Per</i>	1	\$	22.00	\$	22.00	<i>✓</i>

TOTAL PRICE \$ 8,190.80
 LESS 10% \$ 819.08
SUB TOTAL PRICE \$ 7,371.72

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE (SET)	<i>Per</i> 1	\$ 40.00	\$ 40.00
2	HEADLAMP FAIRING STICKER	<i>Per</i> 1	\$ 20.00	\$ 20.00
3	FAIRING STICKER	<i>Per</i> 1	\$ 120.00	\$ 120.00
4	RIDER SEAT LOWER GARNISH STICKER	<i>Per</i> 1	\$ 65.00	\$ 65.00
5	FUEL TANK STICKER	<i>Per</i> 1	\$ 150.00	\$ 150.00
6	ENGINE LOWER FAIRING STICKER	<i>Per</i> 1	\$ 65.00	\$ 65.00
7	REAR FAIRING STICKER	<i>Per</i> 1	\$ 65.00	\$ 65.00

TOTAL # \$ 525.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

1	LABOUR TO REMOVE AND REFIT ABOVE ITEMS	\$500.00	<i>2006</i>	
2	REMOVE, REFIT AND RE-ALIGN FORK	\$200.00	<i>1206</i>	
3	SPRAY PAINT	<i>Per</i> \$380.00	<i>X</i>	

TOTAL \$1,080.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 7,896.72
 TOTAL LABOUR COST : \$ 1,080.00
 TOTAL REPAIR COST : \$ 8,976.72

APPROVED DETAILS

EXCESS :
 NO. OF DAYS : *4 days*
 RE-SURVEY :

PART BY PART OR LUMP SUM :

DATE & TIME OF SURVEY :
 SURVEYED BY :
 CONTACT NUMBER :
 FAX NUMBER :

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: