

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / (P) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

GBC 6609R

at Workshop m/s

1.2.5 30

of

Insured:

SHA 370G

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:

£21K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 14087

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time Action / Instruction

*not 6913**6/11/20 1/5 £4200 conf. with Susan*

Veh No:

GBC 6609R

Yr Regn:

613

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

Truck / Trailer or *(M)*

Make:

*Zyeta hance*C.C *2982*

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

189503

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

*JTFHIT02P200116294*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *Good* / Jammed / Leaked / Burnt orBrake: *Good* / Jammed / Leaked / Burnt orModi: *Nil* / S/Rim / STD A/Rim or

Tyre Size:

F:

195 R15

R:

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

TOYO / YOKO or

AuStone

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

28/10/20

D.O.I.

2/11/20

Survey held at

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

015 Rpt.

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

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:

) ___ S + RS. ___ SI

) Photos

) Others

)

TOTAL

Report Format :

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

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

**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: liusbros@gmail.com

Invoice/Ref No: GBC6609R201026

Estimate

Customer

Name: MS First Capital Insurance Limited

Date: 29-10-20

Address Motor Claims Department

Vehicle No: GBC6609R

36 Robinson Road #16-01

Model/Make: Toyota Hiace

City House

Singapore 068877

Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Bonnet <i>DS</i> 606.75	\$ 872.90	
2	Bumper Clips 1 set <i>nu</i>	\$ 50.00	<i>30</i>
3	Bumper <i>DS</i> 587.10	\$ 796.80	
4	Bumper Bracket <i>DS</i> <i>nu</i> 145.30	\$ 178.90	
5	Grille Sport <i>nu</i>	\$ 550.00	
6	Front Rh Door <i>DS/201</i> 1425.10	\$ 1,568.80	
7	Door Hinges 02 pcs (@ \$98.50) <i>11</i>	\$ 197.00	<i>X</i>
8	Door Weatherstrip <i>nu</i>	\$ 108.60	<i>X</i>
9	Corner Panel <i>DS</i>	\$ 231.50	
10	Step Garnish <i>DS</i>	\$ 245.90	
11	Step Garnish Clips 3 pcs (@ \$6.50) <i>nu</i>	\$ 19.50	
12	Head Lamp <i>BSO</i> 745.10	\$ 930.70	
13	Head Lamp Holder <i>11</i>	\$ 24.00	<i>X</i>
14	Air Cleaner <i>nu</i> 615.30	\$ 691.50	
15	Door "ROC" Sticker <i>nu</i>	\$ 48.00	<i>SN 30 5.0</i>
16	"Corporate" Advertisement Sticker <i>nu</i>	\$ 200.00	<i>SN 120 5.0</i>
	To check all wiring & electrical component for proper function	\$ 60.00	<i>20</i>
	To putty & spray painting & including touch up paint on accident affected	\$ 800.00	<i>650</i>
	To apply Rust Proofing , reseal tuff-coating treatment on accident area	\$ 600.00	<i>500</i>
	To remove, replace and transfer door panel, fitting and mechanisms	\$ 60.00	<i>50</i>

Total Parts & Labour of estimate for damaged vehicle

\$ 8,234.10

Total amount in Lump Sum Basis for repaired vehicle

SDLS:

Alvin Khoo

M/s Liu's Bro Auto Engrg Wks

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:

not added
Alvin
2/5 @ 4200
4 days
2/11/20

P. S. 205.75
252
3904.31
5274.31
4219