ASS. REC. BY: Kenneth | REF: III /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: 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: SHD 15S Yr Regn: 10, 15

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

Make: Renault Lantude c.c 1995

Colour M. White/Red A/C: Insured / Std / NI / NA

Sp.Reading 608775 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 281655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	17/12/20	D.O.I.	18/12/2020

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	Got BL.
	L/Insp @ 3200/-

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

Parking

Others

TOTAL

Report Format :

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

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD15S

AAD2012-

Not Authorised

LI Sup $3200

18 DEC 2020

Vehicle No.:	**SHD15S**	
Chassis No.:	VF1ABL15AUC281655	
Vehicle Make:	RENAULT	
Vehicle Model:	LATITUDE	
Date of Accident :	17/12/2020	
Third Party Insurer :	**III**	
Date of Registration:	02/10/2015	

	PART	**LIST**	
1	BUMPER COVER REAR	$	Build 561.70 ✓
1	BUMPER LOWER REAR	$	Sp 411.90 ✗
1	BUMPER BEAM REAR	$	R 547.80 ✗
1	BUMPER BEAM BRACKET LH REAR	$	R 114.50 ✗
1	BUMPER BEAM BRACKET RH REAR	$	R 114.50 ✗
1	FENDER PANEL REAR RH	$	Rp 1,933.20 ✓
1	FENDER BRACKET LOWER RH	$	Sp 11.80 ✗
1	WHEELARCH REAR RH	$	Rpc 275.40 ✗
1	TAILLAMP RH	$	Sp 401.40 ✗
		TOTAL $	**4,372.20**
		10% $	**437.22**
		$	**3,934.98**

Special Nett

1	REAR BUMPER CLIP	$	Rp 65.00 ✓
1SET	FENDER SCREW	$	Rp 60.00 ✗
1SET	CLIP, FRONT FENDER LINER	$	Rp 65.00 ✗
1	TYRE	$	Sp 300.00 ✗
1	RIM	$	Sp 350.00 ✗
1	RIM HUB CAP	$	Rp 250.00 ✓
2	WINDSCREEN SEALANT	$	Rp 150.00 4 OSA
1	WINDSCREEN MOULDING	$	Rp 200.00 ✗
1	WINDSCREEN INNER SPONGE SEAL	$	Rp 130.00 3 OSA
		TOTAL $	**190.00**
		TOTAL PARTS $	**4,124.98**

LABOUR

Trans-cab Auto Services Pte Ltd **AAD2012-**

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHD15S

Towing fees	$	~~170.00~~	X
To transfer of door fittings, attachment and perform water seepage test.	$	~~300.00~~	X
To check steering geometry and computer wheel alignment	$	220.00	60
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	$	300.00	120
To remove and refit interior fittings, trimings, garnish, fittings and others, to enable repair.	$	380.00	100
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	1,400.00	600
To rust-proofing and apply undercoat of the affected areas.	$	240.00	30
Putty and spray painting of the affected portion.	$	1,400.00	440
To transfer of tire, rim and on wheel balancing.	$	~~170.00~~	X
To Check Electrical Lighting Concerned.	$	170.00	15
TOTAL	**$**	**4,750.00**	
Over All Total	**$**	**8,874.98**	

LUMP SUM (REPAIR DAY) ~~20~~ **DAYS**
4 days

For Official Use

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during survey
- 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:

Prepared By