

(08/11/13) wef

ASS. REC. BY MORUJ

REF:

CC4/A1621002979/4693

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:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Yr Regn:

A/C:

T/Radio: Insured / Std / NI / NA

c.c 12777

Insured / Std / NI / NA

Insured / Std / NI / NA

YU 2XTWOA2-JA833303

Good / Fair / Poor / Burnt

Inorder / Jammed / Leaked / Burnt or

Inorder / Jammed / Leaked / Burnt or

Nil / S/Rim / STD A/Rim or

F:

R:

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

or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

LTA \$21216 26718

15/3/21 conf. mb H/S \$4000 with Kelvin

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐

Preli. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

TEAM MOTION PTE LTD

61 UBI AVENUE 2 #06 - 03
AUTOMOBILE MEGAMART
SINGAPORE 408898

ESTIMATE

Our Ref: AR/C2021003/TP/XE4628C-02.03.2021

Ref: Inper

Not Attached
Date
5/3/21

1/4 4000
4 days

Vehicle number: XE4628C

Vehicle Made & Model: VOLVO FM 420

Items	Qty	List Items	Amount \$
1	1	Front bumper side - LH DIS	844.51 ✓
2	1	Front bumper side bracket 11	115.62 X
3	1	Front bumper reinforcement 12	1,255.50 X
4	1	Front corner panel - garnish lower LH Des	631.59 ✓
5	1	Front Corner panel edge cover grab	126.32 ✓
6	1	Front fog lamp - LH one	411.50 ✓
7	1	Front headlamp - LH holder one	1,265.90 ✓
8	1	Front step board plate Surf	192.95 ✓
9	1	Front step board structure assy - LH garnish De	461.62 ✓
10	1	Front step board bracket inner LH one	560.90 ✓
11	1	Front wheel rim 11	551.60 X
12	1	Front wheel rim cap Dis/ACC	182.65 X
13	10	Front wheel rim lock nut covers @ 8.50 Dis/ACC	85.00 X
14	1	Front wheel guard - LH 11	661.59 X
15	1	Front pillar lower cover - LH X NN	141.62
Sub-total			7,488.87
Less 10%			748.89
Total List			6,739.98

Special Nett Items			
16	1	Front tyre 11	650.00 X
17	1 set	Front corner panel clip 11	45.00 X
Total Special Nett			695.00

Labour charges			
18	To check front electrical wiring		50.00 20
19	To check wheel alignment 11		120.00 X
20	To respray painting and etc		600.00 400
21	Panel beating, cut, weld remove & replacing above parts		600.00 550
Total Labour			1,370.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$

8,804.98

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:

2-4495-26
102
2-4405-76
2-970
5015-76