

ASS. REC. BY:

file

AKG

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ of _____

comfort layang

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SHC1718X

yr Regn: RJUL 2017

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

Truck / Trailer or

Make: Toyota Prius 1.8 c.c 1798

Colour: Blue

A/C: Insured / Std / NI / NA

Sp Reading: 494977

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ITD1CB3FH403560634

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or westlake

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 05-03-21

Survey held at W/S

4:30pm

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

W/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

No Body Injured.

Date/Time, File Pass to?

: Preli. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

: Site Insp (\$)

: Interview (\$)

: Tech. Insp (\$)

: Wash Area (\$)

Survey Fee:

Transportation: _____

_____ \$ + RS _____ \$

Fines: _____

Report Form

Form 100/1000



Lke

AIG

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.03.2021

Time: 15:36:55

REPAIR ESTIMATE

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305456979
 REGN NO : SHC1718X
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 19.07.2017
 DATE/TIME IN : 05.03.2021 13:00
 ACCIDENT DATE : 04.03.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	Notes
1		499.90	25.00	374.92	- cat
10		22.00	25.00	16.50	- bc
1		945.30	25.00	708.97	X
1		86.50	25.00	64.87	X } m
1		198.50	25.00	148.87	X
1		3,455.00	25.00	2,591.25	- scr } photo.
1		920.00	25.00	690.00	- BR

SUB-TOTAL : 4,595.38

JOB NATURE

0000 L	PANEL BEATING	550.00	350
0001 23-502	SPRAYPAINT ON AFFECTED AREA	530.00	250
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	X NA

2 Days.
 Imp sum repair
 After repair photos.
 Eric Qiang
 05/3/21

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.03.2021

REPAIR ESTIMATE

Time: 15:36:55

Page: 2

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65508755

JOB NO : 305456979
REGN NO : SHC1718X
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 19.07.2017
DATE/TIME IN : 05.03.2021 13:0
ACCIDENT DATE : 04.03.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,180.00

TOTAL : 5,775.38

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Date: _____
Signature: _____
Acknowledged by Repairer

is subject to final approval from Insurance Company
• Supplemental items must be resurveyed and
• No illegal modifications are allowed
• Third party survey is on a "Without Prejudice" basis
• Parts prices are subject to confirmation
• To display damaged parts during survey
• To survey before/after spray painting
the Repairer of the following:
LIX Auto Consultants hence notify