

ASS. REC. BY:

REF:

A/G / 21003513/Kp

C

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. _____

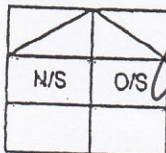
Sum Insured: _____

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: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

03/27

Person Contacted: _____

Vehicle: IN / OUT

Ah Boon

Date / Time

Action / Instruction

11/4/2021 8:15 AM C. S. M. S.

Veh No: _____

SGS 58566

Yr Regn: _____

03, 07

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

Truck / Trailer or

Make: _____

Toy wish

c.c

MPV 1794

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

138087

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

7NE10

0348958

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: _____

F: _____

195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

7

mm

R/Bal. _____

7

mm

L/Bal. _____

7

mm

L/Bal. _____

7

mm

D.O.A. _____

8/3/21

D.O.I. _____

22/3/2021

Survey held at _____

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

CLSM

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

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: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation:

S - RS. SI

F. M. S.

Others

TOTAL

Report Format :

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

HWA SENG SPRAY PAINTING PTE LD

160 Sin Ming Drive

#05-11 Sin Ming Autocity

SINGAPORE 575722

(COMPANY REGISTRATION NO.: 202017045G)

TEL : 64533100

FAX : 62669932

Date of Accident: 08/03/21

Yar Insured

Vehicle NO: YP6596C

Not Notified
 11:30 @ 14:30h
 Resurvey After Painting

3 days

ESTIMATE REPAIR COSTS TO TOYOTA WISH REG. NO. SGS 5856 G

S\$

1pc	O/S/F Door	1205:10
1pc	O/S/F Door Wing Mirror	391.00
1pc	O/S/F Handle	
1pc	O/S/F Door Outer Moulding	
1pc	O/S/F Door Lock	
1pc	O/S/F Power Window Motor	
1pc	O/S/F Power Window Regulator	

B1	1253.80	✓
CM	1022.60	✓
net	76.80	✓
in	86.20	x
n	78.30	x
in	679.10	x
n	206.10	x

3402.90

Less : 25%

850.73

2552.17

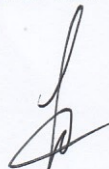
LABOUR & MISC CHARGES

Panel Knocking	350.00	2501
Spray Painting	450.00	3001
Wire Checking		
Labour to Transfer the Door Parts & Attachment	160.00	601

TOTAL

3512.17

HWA SENG SPRAY PAINTING PTE LTD



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: