ASS. REC. BY: Kenneth

REF: AIG / 21003515 / Kp

C

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Ahwa Seng

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: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/27 Person Contacted: Ah Boon Vehicle: IN / OUT

Veh No: SGS 5856G Yr Regn: 03, 07

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

Make: Toy Wish (A) c.c 1794

Colour M. Blue A/C: Insured / Std / NI / NA

Sp.Reading 138687 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: ZNE10 · 0348958

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: 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 O/S Frt

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

Date / Time	Action / Instruction
1/4/21	Kp $ 1450 Confirmed

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: ______

Transportation: ______ $ - RS. ___ SI

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______) Photos

[ ] Tech Invs ($ ______) Others

[ ] Weekend ($ ______)

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
Your Insured
Vehicle NO: YP6596C

Not authorised
L/Sup & 1430h
Resurvey After Paint

3days

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

			S$	
1pc	O/S/F Door	1205.10	1253.80	✓
1pc	O/S/F Door Wing Mirror	391.00	1022.60	✓
1pc	O/S/F Handle		76.80	✓
1pc	O/S/F Door Outer Moulding		86.20	x
1pc	O/S/F Door Lock		78.30	✓
1pc	O/S/F Power Window Motor		679.10	x
1pc	O/S/F Power Window Regulator		206.10	x
			3402.90	
		Less : 25%	850.73	
			2552.17	

LABOUR & MISC CHARGES

Panel Knocking	350.00	250
Spray Painting	450.00	300
Wire Checking		
Labour to Transfer the Door Parts & Attachment	160.00	60
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: