

188/11/13) wef

ASS. REC. BY: Paul

REF:

CS/A14 21003658/R1 f3

653M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SBS 6023Xat Workshop m/s # SBS TRANSITof SSD, BUKIT BATOK ST23Insured: A14

Policy No. _____

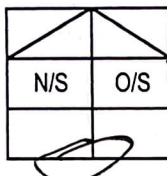
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

CHOO, HAKSI, LIMRemark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SBS 6023X Yr Regn: 2011 JUNType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MERCEDES BENZ CITARO 0530 c.c 6374Colour: MULTI A/C: Insured / Std / NI / NASp. Reading: 775491 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WCB62808323121954Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 275/70R22-5R: 7-BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 19/03/21 D.O.I. 23/03/21Survey held at SBS TRANSITDes. 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

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS, SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Report Format : _____

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

Accident Repair Estimate

ACCIDENT DATE:	19-Mar-21
ACCIDENT TIME:	0900 HRS
ACCIDENT REPORT NUMBER:	W/1244/2021
3RD PARTY CLAIM AGAINST :	SGX832G

BUS REGISTRATION NUMBER:	SBS6023X
BUS TYPE:	WSD
DATE OF SURVEY:	

SECTION A :

PARTS & MATERIAL COST

Part or Item Description	Quantity	Total Cost
BUMPER CENTRE REAR BUMPER COMPL <i>CR</i>	1	\$1,056.90
PAINT C6000 MERCEDES PURPLE	1	\$27.46
TOTAL PARTS & MATERIAL COST		\$1,084.36

SECTION B:

ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)

To Remove / Replace / Repair Damaged Parts by Workshop	\$499.20
To Remove / Replace / Repair Damaged Parts by Contractor	
To Remove/ Replace/ Repair Damaged Advertisement Panel	\$0.00
Towing Cost	\$0.00
TOTAL LABOUR COST	\$499.20

SECTION C:

SUMMARY

Total Repair Costs		\$1,583.56
Total Downtime (Days)	1	\$356.29
<i>*Please kindly note that the downtime (days) is just an estimate.</i>		\$1,939.85
TOTAL COST		\$1,939.85

**Please kindly note that the downtime (days) is just an estimate.*

Acknowledge By
Insurer Co. Name:
Survey By Name:
Contact No - 90010068
Email Address
Sign
Date: 23/03/21

From
Ap 90010068
1 day
23/03/21 A1485
Reserving before
paint

email: rasul@KKauto.com

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

Choo Wee Hui
Senior Technical Officer
Bukit Batok Workshop