

ASS. REC. BY: Steve REP: CS/AWA21004814/ETf3

ASSIGNMENT

06/11/2021

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.

N/S	O/S

Val. or Market Value: _____

IDAC Accident Report: _____

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 69222 Yr Regn: 1

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

Truck / Trailer or

Make: Mercedes-Benz Citaro c.c. 6374

Colour: multi-colour A/C: Insured / Std / Nil / N

Sp. Reading: 156860 T/Radio: Insured / Std / Nil / N

Eng/No: _____

C/No: WE06280832321952

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R 175

R: _____

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or 2

Front

Rear

R/Bal. 4 mm

R/Bal. 4 mm

L/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 13/4/21

D.O.A. 16/4/21

Survey held at SBS Transit

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

F1 LH

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

Date / Time Action / Instruction

No GIA Report

Date/Time, File Pass to?

☐

: Prel. Report

4)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Pop. Form 1

Lump Sum / L.E.A. /

Accident Repair Estimate

ACCIDENT DATE:	13-Apr-21
ACCIDENT TIME:	1915 HRS
ACCIDENT REPORT NUMBER:	W/1656.2021
3RD PARTY CLAIM AGAINST:	YP6341X

BUS REGISTRATION NUMBER:	SBS6022Z
BUS TYPE:	WSD
DATE OF SURVEY:	

SECTION A :

PARTS & MATERIAL COST

Part or Item Description	Quantity	Total Cost
OUTSIDE REAR VIEW MIRROR N/S / OR	1	\$1,368.90
TOTAL PARTS & MATERIAL COST		\$1,368.90

SECTION B:

ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)

To Remove / Replace / Repair Damaged Parts by Workshop	1/2	\$249.60
To Remove / Replace / Repair Damaged Parts by Contractor		\$0.00
To Remove/ Replace/ Repair Damaged Advertisement Panel		\$0.00
Towing Cost		\$249.60
TOTAL LABOUR COST		\$249.60

SECTION C:

SUMMARY

Total Repair Costs		\$1,618.50
Total Downtime (Days)	0.5	\$0.00
TOTAL COST		\$1,618.50

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

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Acknowledge By

Insurer Company LKK Auto Controls

Name: Steve (LKK) Stevechen Bolkhaus (3m)

Tel No 8322 8813

Signature. 

Date & Time 16/4/21, 3:30pm

Choo Wae Huat
Senior Technical Officer
Bukit Batok Workshop

WHL PL

1 dys

p/p

My BL SL

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: _____