CS/AIG21004744/R1ea3n2-1

(08/11/13) wef

ASS. REC. BY: Rasul

REF: CS/AIG21004744/R1ea3n2-1

721M

ASSIGNMENT

COEXPIRY: 2021/SEP

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: PA 6515 4

at Workshop m/s: WOODLANDS TRANSPORT CVC PTE LTD

of 8, GUL CIRCLE

Insured: AIG

Policy No. 1900090667

Claims No. 8340999192SG

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: 15K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: PA6515 4 Yr Regn: 2006 / SEP

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

Make: ISUZU LT133P c.c 8226

Colour MULTI A/C: Insured / Std / NI / NA

Sp.Reading 586537 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALT133P67000047

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: 11R 22.5

R: " D/D

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	09/04/21	D.O.I.	15/04/21

Survey held at WOODLANDS TRANSPORT

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

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

Date / Time	Action / Instruction
	Repair limit - 12K
20/04/21@10.51am	Rasul finalised with Mr Chan final fig ~~$400, 2 days~~ (Red $80, 17%)

Date/Time, File Pass to?

1) 23/04 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

Report Format : MER-TP

~~Lump Sum~~ / I.B.I: ($ 400)

WTS Engineering

WTS Engineering Pte Ltd
8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163
Company Registration Number: 200505706E

Quotation

DATE: 12/04/21
VEHICLE NO: PA6515Y
DRIVER: REN MIN
ATTENTION TO:
PREPARED BY: Wilson Ng Wee Sing

LOCATION: Gul Workshop
Q REF No: Q21/04/1205
DEPARTMENT: WTS Bus Department
ACCIDENT DATE: 9-4-2021
REF No: JW-0421-175

S/N	Description	Qty	Cost per Unit	Amount S$
	Spray Paint			
1	Spray Painting front TO PUTTY AND SPRAY PAINTING AT LHS DOOR PANEL AND LHS CORNER PANEL.	1	480	~~480.00~~ 400
			TOTAL:	**480.00**
			Total Amount	**SGD 480.00**

Remarks:

12/4/21
Signature of Workshop Dpt

12/4/21
Signature of Department Head

Signature of Claim Department

Rasul
Hp 90100168
2days I/P/P
15/04/21 @ 1415
Reswvey after repair

LK 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 reported and **is subject to final** approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Rasul 90010068