

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/EG/21006385/Ugf3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

GAC 895TH

at Workshop m/s

Lin's 30

of

Insured:

GBH 2673D

Policy No.

Claims No.

CDMCG21001015

Sum Insured:

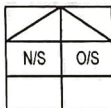
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value:

\$24

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

10

days

Res.:

Yes or No

Lump Sum:

20

%

3 Val.:

Yes or No

196N

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

27A12284

Veh No:

GAC 895TH

Yr Regn:

27/12/13

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

Truck / Trailer or

CU /

Make:

Toyota Hiace

C.C

2982

Colour:

white

A/C:

Insured / Std / NI / NA

Sp.Reading

265 358

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT02P 300/25/5/

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195-215

R:

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

TOYO / YOKO or

Austone

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

2/6/21

D.O.I.

3/6/21

Survey held at

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

Rear & Rear w/smen shothead

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

Date / Time

Action / Instruction

Dep 950

21/6/21 1/5 £6800 confirmed with Susan. (Red \$10471.90, 61%)

23/06/21@3.02pm revised to ERGO via Merimen.

Date/Time, File Pass to?



Preli. Report

1) 23/06 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

10

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$

) \$ + RS \$



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

)

Report Format: MER-TP

Lump Sum: £6800

TOTAL

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbros@gmail.com

Invoice/Ref No: GBC8595H210602

Estimate

Customer

Name: ERGO Insurance Pte Ltd

Date: 11-06-21

Address: Motor Claims Department

Vehicle No: GBC8595H

5 Temasek Boulevard #04-01

Model/Make: Toyota Hiace

Suntec Tower Five

Singapore 038985

Manual

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
	B/F Balance -->	\$ 14,011.90	
	To check all wiring & electrical component for proper function	\$ 60.00	30
	Remove & reinstall Windscreen Glass to facilitate repairs & perform water	\$ 120.00	100
	Remove and refix rear tailgate components & wiper mechanism	\$ 80.00	60
	Remove and replace rear exhaust pipe system to facilitate repairs	\$ 80.00	60
	Remove and refix rear bumper reverse sensor	\$ 100.00	50
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 1,500.00	1200
	To putty & spray painting & including touch up paint on accident affected area	\$ 1,200.00	900
	To apply Rust Proofing , reseal tuff-coating treatment on accident area	\$ 120.00	80

Total Parts & Labour of estimate for damaged vehicle

\$ 17,271.90

Total amount in Lump Sum Basis for repaired vehicle

SDLS: _____



M/s Liu's Bro Auto Engrg Wks

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:

P-7171-10

252

P-537832

S.N-610

L-2460

80832