

ASSIGNMENT

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

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:

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

Des. 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, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) __ S + RS, __ SI

) Photos

) Others

TOTAL

7/6/11 confirmed L/S \$1300 with AH Kai;

TK LEE AUTOMOTIVE PTE LTD

NO 1 KAKI BUKIT AVE 6 #02-47

AUTOBAY SINGAPORE 417883

Tel : 6509 5521 / 65095524 Fax : 6509 5523

The Motor Claims Dept.

CHINA TAIPING INSURANCE (S) PTE LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

PC1206L

ESTIMATE

DATE : 07.06.2021
VEHICLE NO : SLJ9185X
MAKE/MODEL : NISSAN QASHQAI
ACC DATE : 22.05.2021

PARTICULAR		UNIT PRICE	AMOUNT
QTY		S\$	S\$
<u>LIST PRICE</u>			
1	1 FRONT GRILLE <i>Cng</i>	577.60	577.60 /
2	1 FRONT GRILLE EMBLEM 'LOGO' <i>SCN</i>	79.90	79.90 /
3	1 FRONT BUMPER <i>DD/De</i>	751.20	751.20 /
4	1 FRONT BUMPER FOAM <i>nn</i>	240.90	240.90 X
5	2 FRONT BUMPER SIDE RETAINER RH/LH <i>nn</i>	42.00	84.00 X
			1,733.60
LESS 10%			173.36
			<u>1,560.24</u>
<u>SPECIAL NETTS ITEM</u>			
1	1 (SET) FRONT NUMBER PLATE WITH CASING <i>Bent</i>	50.00	50.00 40
2	1 (SET) FRONT BUMPER CLIP <i>ner</i>	45.00	45.00 ✓
			<u>95.00</u>
<u>LABOUR CHARGES :</u>			
1	TO KNOCK OUT DENT AND REPALCE ACCIDENT PARTS	<i>150</i>	300.00
2	TO SPRAY PAINTING ON ACCIDENT PORTION	<i>200</i>	300.00
TOTAL:			<u>600.00</u>

ESTIMATE PARTS AND LABOUR GRAND TOTAL : \$ 2,255.24

not Authorised
Lkr
7/6/21
L/S \$1300
2 days.
Take 2nd. After repair

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:

2-1408.70
102
1267.83