

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / FP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: 4Q1665P
 at Workshop m/s: 1st's B20
 of _____
 Insured: 1/P 4948J
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: 4Q1665P Yr Regn: 05/11/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Car
 Make: Mit Center FEB21 c.c. 2998
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 46663 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FEB21EA30284
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: MI / S/Rim / STD A/Rim or

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Tyre Size: F: 195 R15 Austone
 R: 195/85 R15 Dun
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Bal. or Market Value: \$80k.
 IDAC Accident Rport: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 131 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 196N
 Date: _____ Person Contacted: Dep 9500
 Vehicle: IN / OUT

Front 6 Rear 6/6
 R/Bal. mm R/Bal. mm
 L/Bal. 6 L/Bal. 6/6 mm
 D.O.A. 18/2/21 D.O.I. 10/6/21
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s frt.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
15/6/21 confirmed p/p \$1013.86 with Suser.
27/4/21 10-6-21 \$13796

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair:

1) Date/Time, File Return to?
 2)

Resurvey No. of Trip:

Survey Fee:
 Transportation:
) S + RS, SI
) Photos
) Others
)
 TOTAL

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Report Format :
 Lump Sum / I.B.I: (\$)

**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: liusbro@ymail.com

Invoice/Ref No:

Estimate**Customer****Name:** China Taiping Insurance (Singapore) Pte Ltd**Date:** 10-06-21**Address:** Motor Claims Department**Vehicle No:** YQ1665P

3 Anson Road #16-00

Model/Make: Mitsubishi

Springleaf Tower Singapore 079909

Canter FEB21ER4SDEN (CBU)

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Rh Bumper Side <i>grated</i> 350.01 350.01	\$ 375.00	<input checked="" type="checkbox"/>
2	Bumper Side Clips 01 set <i>nr</i>	\$ 45.00	SN <input checked="" type="checkbox"/>
3	Side Lamp <i>scr</i>	\$ 235.20	<input checked="" type="checkbox"/>
4	Signal Lamp <i>scr</i>	\$ 324.30	<input checked="" type="checkbox"/>
5	Signal Lamp Clips 01 set <i>nr</i>	\$ 20.00	SN <input checked="" type="checkbox"/>
6	Side Mirror <i>cut</i> 287.30 <i>(25%)</i>	\$ 408.10	<input checked="" type="checkbox"/>
	To check all wiring & electrical component for proper function	\$ 40.00	- 20
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 200.00	- 100

Total Parts & Labour of estimate for damaged vehicle

\$ 1,647.60

Total amount in Lump Sum Basis for repaired vehicle

SDLS: _____



M/s Liu's Brother Auto Engrg Wks

not Authorized
2 days
P/178 1013.86
2 days
Whaphb Akherapi
10/6/21
Meli: Archer

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-1191.82
25%
9-893.86
L-120
1013.86