ASS. REC. BY:

REF: AJM 2100 6706 /K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Guan Hin

of _____

Insured: 8287

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: $38k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD 4405U Yr Regn: 10, 14

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

Make: Toy Dyna c.c 2982

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

Sp.Reading 307053 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDY231 - 8016581

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: GT 195R15X8

R: Falken 155R12X8(D)

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 9 mm
L/Bal.	9 mm	L/Bal.	9 9 mm
D.O.A.	4/6/21	D.O.I.	17/6/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	GIA will email over

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ St

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A
#02-03 AMK AUTOPOINT 568047
Tel No. : 64837111 Fax No. : 64837221
E-Mail : guanhinmotor@yahoo.com
Buss. Reg. No. : 06035200X

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER SINGAPORE 068811

Attention : Motor Claim Department
Contact : 63387288

Not Whether
Lisp &
Resurvey after Paint
5days

Estimate : ES000941

Date : 16/06/2021
Vehicle Num. : GBD 4405 U
Make/Model : TOYOTA DYNA-2014
Chassis/Eng# : KDY2318016581/1KD2426570
Accident Date : 04/06/2021
Claim No. :
Reference :
Policy No. : (21/10/2014)

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1	FRONT RH DOOR		By 1,054.17 ✓
2.	1	MUDFLAP		CM 119.34 ✓
3.	1	SPARE TANK		RN 109.39 ✓
4.	1	RH SIDE DOOR		By 1,850.00 ✓
5.		.		
		List Total S$:		3,132.90
		SPECIAL NETT ITEMS :		
1.	1	DOOR STICKER		RN 20.00 ✓
		Special Nett Total S$:		20.00
		LABOUR :		
		REPAIR PILLER		
		CHANGE FRONT RH DOOR		700
		CHANGE RH SIDE GATE		1,200.00
		TRANSFER BAR		
		.		
		TRANSFER FRT RH DOOR PARTS		80.00 60
		.		
		SPRAY PAINTING		1,000.00 750
		Labour Total S$:		2,280.00

25$

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:

E & O.E.

Total S$: 5,432.90

for GUAN HIN MOTOR WORKSHOP