

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Cuan Hn

of _____

Insured: 9282

Policy No. _____

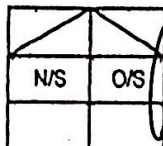
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 838k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBD 44054 Yr Regn: 10, 14Type: M.Car / M.Cycle / Bus / Van / Corry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Dyna c.c. 2982Colour: Slvr A/C: Insured / Std / NI / NASp. Reading: 307053 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KD Y231 - 8016381Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F07H34 195R15X8R: Falken 155R12X80D

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

TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 4/6/21

Survey held at

Rear

R/Bal. 9 9 mmL/Bal. 9 9 mmD.O.I. 17/6/2021

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

O/S body

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

Date / Time	Action / Instruction
<u>1</u>	<u>GIA will email over</u>

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Fuel

Others

TOTAL

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

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

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)

*Not Wharfed
11 Day &
Return After Paint*

5 days

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1	LIST ITEMS :		
2.	1	FRONT RH DOOR		
3.	1	MUDFLAP		
4.	1	SPARE TANK		
5.	1	RH SIDE DOOR		

By 1,054.17 ✓
CM 119.34 ✓
By 109.39 ✓
By 1,850.00 ✓

List Total S\$:

3,132.90

1.	1	SPECIAL NETT ITEMS :		
		DOOR STICKER		

By 20.00 ✓

Special Nett Total S\$:

20.00

LABOUR :
REPAIR PILLER
CHANGE FRONT RH DOOR
CHANGE RH SIDE GATE
TRANSFER BAR

700
1,200.00

TRANSFER FRT RH DOOR PARTS

60
80.00

SPRAY PAINTING

750
1,000.00

Labour Total S\$:

2,280.00

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 Cover 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

Total S\$: 5,432.90



or GUAN HIN MOTOR WORKSHOP

Acknowledged by Repairer

Signature:

Date: