

ASS. REC. BY:

REF:

CTZ/21006728/Me

C

Kenneth

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. _____

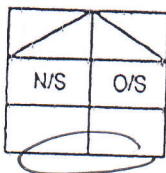
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLM 1263R Yr Regn: 03, 17

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

Truck / Traller or WagonMake: Subaru Forester c.c. 1998Colour M. D. Grey A/C: Insured / Std / NI / NASp. Reading 89199 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JFISJGK 8514 G 086168Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 235/55R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 12/6/21 D.O.I. 18/6/2021

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 Action / Instruction

7/7 11:00 @ 45501 Carbur

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

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

Report Format :

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

ESTIMATE TO REPAIR

VEHICLE NO. : SLM 1263 R
MAKE : SUBARU
MODEL : FORESTER 2.0XT CVT AWD SR
YEAR : 2017
CHASSIS NO : JF1SJGK85HG086168

SURVEYOR NAME : Kenneth LKK
DATE OF SURVEY :
TIME OF SURVEY :

DATE : 16.06.2021
DATE OF ACCIDENT : 12.06.2021
THIRD PARTY REF : SKK 1511 Y/ CHINA TAIPING

No.	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1PC	REAR BUMPER			1371.00	\$ 550.00
1PC	REAR BUMPER REINFORCEMENT			B1	\$ 320.00
1PC	REAR BUMPER TOW COVER			\$ 20.00	\$ 20.00
2PCS	REAR BUMPER RETAINER		\$20.00	\$ 40.00	\$ 40.00
10PCS	REAR BUMPER CLIPS		\$3.50	\$ 35.00	\$ 35.00
2PCS	REAR BUMPER REFLECTOR		\$64.00	\$ 128.00	\$ 128.00
1PC	REAR END PANEL			\$ 488.00	\$ 488.00
1PC	REAR END PANEL GARNISH			\$ 80.00	\$ 80.00
1PC	REAR SPARE TYRE PANEL SPONGE			\$ 158.00	\$ 158.00
1PC	REAR SPARE TYRE PANEL			\$ 632.00	\$ 632.00
1PC	TAILGATE			\$ 1,072.80	\$ 1,072.80
1PC	TAILGATE RUBBER			\$ 140.00	\$ 140.00
1PC	TAILGATE EMBLEM			\$ 88.00	\$ 88.00
1PC	TAILGATE SUBARU EMBLEM			\$ 82.00	\$ 82.00
1PC	TAILGATE FORESTER XT EMBLEM			\$ 82.00	\$ 82.00
1PC	REAR WINDSCREEN MOULDING			\$ 150.00	\$ 150.00
2PCS	REAR EXHAUST SILENCER BOX		\$670.00	\$ 1,340.00	\$ 1,340.00
4PCS	REAR EXHAUST MOUNTING		\$20.00	\$ 80.00	\$ 80.00
	LESS 20%			\$ 5,485.80	\$ 5,485.80
				\$ 1,097.16	\$ 1,097.16
				\$ 4,388.64	\$ 4,388.64
1 SET	REAR BUMPER SENSOR	SN		\$ 280.00	\$ 280.00
1PC	REAR WIND SCREEN SEALANT	SN		\$ 40.00	\$ 40.00
	TO PUTTY & SPRAY PAINT			\$ 1,000.00	\$ 1,000.00
	TO TRANSFER TAIL GATE FITTING			\$ 80.00	\$ 80.00
	TO REMOVE & REFIX REAR WINDSCREEN GLASS			\$ 100.00	\$ 100.00
	TO REPLACE REAR EXHAUST SILENCER BOX			\$ 120.00	\$ 120.00
	TO ANTI RUST			\$ 120.00	\$ 120.00
	LABOUR CHARGES			\$ 1,000.00	\$ 1,000.00
TG/TL	TOTAL			\$ 7,128.64	\$ 7,128.64

Not Authorized
11 Days @ 4550/-
Penny After Paint
- 8 days

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:

consent