

ASS. REC. BY:

REF:

TP/

CI/TP21006730/Kq

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s *Sta Ave Ken Kenest Loring*

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 22268 Yr Regn: 1

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

Truck / Trailer or (A)

Make: Bmw 740i c.c. _____

Colour: N. Black A/C: Insured / Std / NI / NA

Sp. Reading: 1702 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 7T 22060 CE 22268

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / R/Rim or

Tyre Size: F: 245/40R20

R: 275/35R20

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 1/1 D.O.I. 11/6/2021

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 Report for LTA purpose.

Wksp will contact Bryan for road worthiness test after completion of repair

Submit final fig \$3839.24 (Red \$760, 17%); No repair days.

Have checked with Bryan, this survey report charges will follow independent survey fees.

2 invoices (survey fees + investigation) & 2 reports (survey report + investigation)

Date/Time, File Pass to?

: Prell. Report

1) 24/06 Typist

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

\$ - RS. SI

Fixes

Others

Report Format :

ump Sum / I.B.I. (\$ _____)



StarAuto
Performance

leading the way...

No.176 Sin Ming Drive, #04-05 Autocare, Singapore 575721
Tel: 6452 5515 Fax: 6452 5595

Repair Estimates

WBA7T22060CE22268

Parts (a) Cost / List Price Items	\$	<u>1,929.24</u>
Plus/Less 0%	\$	<u>-</u>
Total of Cost / List	\$	<u><u>1,929.24</u></u>
(b) Nett Price Items		_____
Less		_____
Total of Nett Item		_____
(c) Special Nett Items		_____
Total Parts Cost		_____
Labour	\$	<u>920.00</u>
Total	\$	<u><u>2,849.24</u></u>

The above total will be subjected to 7% G.S.T.

Name of Surveyor : _____
Company : _____
Survey conducted on : _____ at _____

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : _____ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : _____ Date: _____

