

ASS. REQ. BY:

REF:

AJM / 21007419/K tf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / IP / WS / LTP 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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

840k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

04

days

Res.: Yes or No

Lump Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

GB E 524311

Yr Regn: _____

01. 16

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

Truck / Trailer or _____

Make: _____

Toy 1400cc

c.c

2982

Colour: _____

Silver

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

194255

T/Radio: _____

Insured / Std / NI / NA

Eng No: _____

311W

C/No: _____

JTFHT02 P 500188011

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: _____

F: _____

195 R15 X 8

R: _____

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

TOYO / YOKO or _____

Falken

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

9

mm

L/Bal. _____

9

mm

L/Bal. _____

9

mm

D.O.A. _____

28/2/21

D.O.I. _____

30/9/2021

Survey held at _____

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

N/S 157

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

Date / Time

Action / Instruction

1

GIA not ready

lump sum \$1400.3days
red: 923.55;39%

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

3

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS \$

Fees

Others

TOTAL

Report Format :

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

CHOON HOCK MOTOR TRADING CO

12 July 2021

Not Authorized
11 Sep 8
Paying After Repair
3 days

ESTIMATE REPAIR BILL ON GBE5243H TOYOTA HIACE

1 pce front headlamp LH
1 pce front bumper assy
1 pce front bumper fog light cover LH
1 pce front bumper side retainer LH
1 pce front door lower hinge LH
1 pce step panel LH

Gr	\$ 745.90	✓
nd l Gr	\$ 555.90	✓
h	\$ 75.00	X
Dir	\$ 145.95	✓
n	\$ 60.00	X
nd	\$ 102.00	✓
	<u>\$1,684.75</u>	
Less 25%	<u>\$ 421.20</u>	
	<u>\$1,263.55</u>	

S/NETT

Wiring
Panel beating
Spray painting
Total amount :

\$ 60.00	201
\$ 500.00	400
\$ 500.00	220
<u>\$2,323.55</u>	NETT

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:

Mailing address : 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L
Tel: (65) 64530778 Email: choonhockmotor@gmail.com