

ASS. REC. BY:

Tang Jih

REF:

CL4/LRC210/1499/Tiga3

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.

☒	☒
N/S	O/S
☐	☐

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Ms Henry

Veh No: _____

XE4409T

Yr Regn: 2018, out

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

Truck / Trailer or

Tipper - Truck

Make: _____

Volvo FMX570

C.C. 10837

Colour _____

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading _____

207289

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

YV2X922D/154 828643

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

295/80R22.5

R: _____

2 (17)

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

TOYO / YOKO or

Triangle

Front _____

Rear _____

R/Bal. _____ mm

8

R/Bal. _____ mm

8/8

L/Bal. _____ mm

8

L/Bal. _____ mm

8/8

D.O.A. _____

D.O.I. _____

25/4/21

Survey held at _____

Woon My Sykadit

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

Rt o/s

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

Date / Time

Action / Instruction

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: _____

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS \$ _____

Photos _____

Others _____

TOTAL

Report Format: _____

Lump Sum / L.B.K. (\$) _____

Woon Meng Motor Pte Ltd

Office : 50 Bukit Batok St 23, #01-06 Midview Building, Singapore 659578

Workshop: 50 Bukit Batok St 23, #01-06 Midview Building, Singapore 659578

Tel: 6316 1131 HP: 9730 2017 Fax: 6316 7050

42, Sungei Kadut Ave, Singapore 729666 Tel : 63268523

(Email Address : woonmeng @singnet.com.sg)

Co Reg No. 200603678M

GST Reg No. 20-0603678M

Estimate

TP CLAIM

To : Lonpac Insurance Bhd
Motor Claims Dept
ct_claim@lonpac.com

Date : 24 Nov 2021

Dear Sirs :

Fax : 68968706

RE : ESTIMATE COST FOR VOLVO FMX370 - XE4409T
ACCIDENT INVOLVING XE4409T & GBD9011P ON 09/11/2021

<u>ITEMS</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>PRICE</u>
1	Front headlamp panel bracket o/s	1pc	\$ 420.00 ?
2	Front signal lamp o/s	1pc	\$ 185.00 <i>ent</i> ✓
3	Front headlamp grille o/s	1pc	\$ 295.00 <i>one</i> ✓
4	Front headlamp grille housing o/s	1pc	\$ 400.00 <i>one</i> ✓
5	Front headlamp rh	1pc	\$ 480.00 ?
6	Front bumper grille	1pc	\$ 500.00 X
7	Front bumper center	1pc	\$ 700.00 X
8	Front bumper side o/s	1pc	\$ 330.00 <i>bt</i> ✓
9	Front center grille	1pc	\$ 380.00 X
10	Front center grille side o/s	1pc	\$ 220.00 ?
11	Front bumper end garnish o/s	1pc	\$ 140.00 <i>one</i> ✓
			\$ 4,050.00
			\$ 607.50
			\$ 4,657.50

Sum Carried Forward

Add 15%

Sum Carried Forward

\$ 4,657.50

Labour Charge & Misc

To remove, replace, repair, weld rear damaged parts

} \$ 800.00 500.
}

To R & R light wiring.

\$ 60.00 30.

To putty & spray painting

\$ 500.00 400

Total

\$ 6,017.50

All prices quoted are subjected to 7% GST.

This is a computer generated document. No signature is required.

Tanfah 97495749
WP 25/11/21 @ 330pm
L/S Runny after repair
Tanfah @ 11hantb.com
0.3 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: