

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. _____

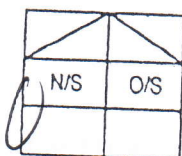
Claims No. _____

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: 26k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.41 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC 89617 Yr Regn: 09, 14

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

Truck / Traller or _____

Make: MIT Rosa c.c. 2998Colour: Silver/Green A/C: Insured / Std / NI / NASp. Reading: 10029P T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BE641J-T 10083Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: Four 16 X 12 (D)

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

TOYO / YOKO or Conder

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 55 mmL/Bal. 2 mm L/Bal. 55 mmD.O.A. 7/12/21 D.O.I. 17/12/2021Survey held at 2.20pm

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

N/S Rear body

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

Date / Time Action / Instruction

/ Workshop sent only 2 lamps how to lamp Rep??

2/12 @ 1837.00 Conder

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

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

Report Format :

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

SERVE YOU MOTOR PTE LTD

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2

#01-265, SINGAPORE 569536

TEL. NO: 64810555 / FAX NO. 64831654

E-MAIL: elainesyms@gmail.com

INS: AXA INSURANCE PTE LTD

OWNER: YONG BUS TRANSPORT

Registration no. : PC 8961 T / MITSUBISHI / ROSA BUS BE641JRMDEB

Accident Date: 7/12/2021

Date : 14-Dec-21

Quotation No. : 7128961

S/N	Qty	Item	Amount
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ITEM LIST

1	2	LH SIDE LAMP	(@\$158 EACH)	Br 316.00 ✓
			LESS: 25%	-79.00
				<u>\$ 237.00</u>

LABOUR & MISC CHARGES

1	To panel beating on the LH panel, reshape, straighten, orientate and align repair / replacement parts.	1200.00	600
3	Supply spray paint material and necessary items to respray multi-colour on accident damaged area.	2000.00	1000

TOTAL \$ 3,200.00

Total Parts and Labour Cost of Repair \$ 3,437.00

Not Withheld
@ 1837.00
Payable After Repair
4 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: