ASS. REG. BY: Kenneth | REF: AXA/ 2101279S / KpKe. | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Serve You

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: @ 26/C

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1 M/ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PC 8961T Yr Regn: 09/14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____ (m)

Make: Mit Rosa c.c 2998

Colour Silver/Green A/C: Insured / Std / NI / NA

Sp.Reading 109998 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BE641J-J 10083

Gen. 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 Cendar

Front		Rear	
R/Bal.	2 mm	R/Bal.	5 5 mm
L/Bal.	2 mm	L/Bal.	5 5 mm
D.O.A.	7/12/21	D.O.I.	17/12/2021 ✓ 2.20pm

Survey held at _____

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
/	Wksp said only 2 days how to lump sup ??
21/12	@ 1837.00 Called

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS _____ SI

Parking _____

Others _____

TOTAL _____

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
		ITEM LIST		
1	2	LH SIDE LAMP	(@$158 EACH)	Br 316.00
			LESS: 25%	-79.00
				$ 237.00
		LABOUR & MISC CHARGES		
1		To panel beating on the LH panel, reshape, straighten, orientate and align repair / replacement parts.		600 1200.00
3		Supply spray paint material and necessary items to respray multi-colour on accident damaged area.		1000 2000.00
		TOTAL		$ 3,200.00
		Total Parts and Labour Cost of Repair		**$ 3,437.00**

Not Withstand
@ 1837.00
Resurvey After Paint
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: