ASS. REC. BY: Kenneth

REF: AIG/ 2101319011Kp

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

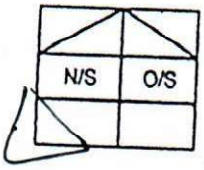
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJB 9655X Yr Regn: 12/18

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

Make: Toy Prius (HV) c.c 1798

Colour M.P. White/Blu A/C: Insured / Std / NI / NA

Sp.Reading 332018 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU60·3077369

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: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Sailun

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	5 mm
D.O.A.	21/12/21	D.O.I.	23/12/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
24/12	L/Emp @ 1500d. Contact

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 ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: $ _____ RS _____ SI

Parking _____

Others _____

TOTAL _____

Not Authorised
Liability $1500/-

Trans-cab Auto Services Pte Ltd **AAD2112-**

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHB9655X

23 DEC 2021

Vehicle No.:	**SHB9655X**
Chassis No.:	JTDKB3FUX03081411
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	21/12/2021
Third Party Insurer :	**AIG**
Date of Registration :	18/06/2019

	PART		LIST
1	COVER, REAR BUMPER	$	442.60
1	GUARD, REAR BUMPER, CENTER	$	576.30
1	COVER, REAR BUMPER, LOWER	$	15.40
1	FILLER, REAR BUMPER EXTENSION, LH	$	123.70
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	$	332.70
1	RETAINER, REAR BUMPER SIDE, LH	$	116.50
1	LENS & BODY, REAR COMBINATION LAMP, LH **(UPPER)**	$	443.30
1	LENS AND BODY, REAR LAMP, LH **(LOWER)**	$	502.00
1	LINER, REAR WHEEL HOUSE, LH	$	139.80
1	COVER, DECK TRIM, REAR	$	126.70
1	PANEL SUB-ASSY, BODY LOWER BACK	$	650.30
	TOTAL	**$**	**3,469.30**
	25%	**$**	**867.33**
		$	**2,601.98**

Special Nett

1	PARKING AID	$	700.00
1	REAR LOWER BUMPER CLIP	$	65.00
1	REAR BUMPER CLIP	$	60.00
1	FENDER LINER CLIP	$	65.00
	TOTAL	**$**	**890.00**

50 SGD

TOTAL PARTS	**$**	**3,491.98**

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	380.00

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SHB9655X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	1,400.00	200/
Putty And Spray Painting Of The Affected Portion.	$	1,400.00	280/
To Rust-Proofing and apply undercoat Of The Affected Areas.	$	~~240.00~~	X
To Check Electrical Lighting Concerned.	$	170.00	20/
TOTAL	**$**	**3,590.00**	
Over All Total	**$**	**7,081.98**	

(PART-BY-PART) Repair Days ~~20~~ days

2 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: