

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: *G3K 3113C*
 at Workshop m/s *Soon Sen*
 of _____

Insured: *G3K 3252M*

Policy No. _____

Claims No. _____

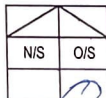
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: *32k*

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: *4* days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: *LTA 19824*

Date / Time Action / Instruction *20p 7k.*

Veh No: *G3K 3113C* Yr Regn: *24/18/16*
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or *TAI*
 Make: *OPEL COMBO* c.c. *1598*

Colour: *Blue* A/C: Insured / Std / NI / NA

Sp. Reading: *167580* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *W026WYLIH 9596475*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: *195/60R16*

R: _____

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

TOYO / YOKO or *gone loader*

Front: *6* Rear: *6*

R/Bal. _____ mm R/Bal. *6* mm

L/Bal. *6* mm L/Bal. *6* mm

D.O.A. *11/1/22* D.O.I. *13/1/22*

Survey held at _____

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

Req. o/s

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

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

) ☐ S + RS ☐ SI

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

)

Report Format : _____

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

TOTAL

19/1/22 4/5 \$2300 informed via text

SOON SAN MOTOR TRADING

Bk.3006,UBI ROAD 1,#01-390,SINGAPORE 408700,TEL:68414445 & FAX:67473546

To: Motor Claims Dept

INDIA INTERNATIONAL INSURANCE PTE LTD

64, Cecil Street #04-05 IOB Building

S,pore 049711

Accident date: 11/01/2022

Date: 12/01/2022

Estimate cost to repair vel: GBG 3113C (Opel Van) claims under vel:GBK 3252M.

not Allowed
all
13/1/22
1/5 \$2300
2/12/2022
4 days

1pce rear bumper	999	\$ 1,120.00	DO ✓
1set rear bumper reverse sensors		450.00	X 11
1pce rear bumper side holder		98.00	- Bat
10pcs rear bumper inner clips@\$10	50	100.00	- all
1pce rear bumper reinforcement		530.00	- Bat
1pce rear bumper reflector	015	68.00	- B20
1pce rear bumper tow cover		38.00	- De
1pce right rear door		1,350.00	X R
2pce right rear door hinges@\$280		560.00	X 11
1pce right rear door eco flex plate		80.00	X 802
1pce right rear door centre garnish		220.00	X 11
1pce right rear door emblem		80.00	X 11
1pce right tail lamp		420.00	X 11
1pce rear panel		680.00	X R
		\$ 5,781.21	
Less 5% 10%		289.06	
		\$ 5,492.15	
to rustproof		200.00	11 X
to dismantle/renew reverse sensors		100.00	- 40
to remove/refit windscreen		100.00	- 11 X
to dismantle/renew door		150.00	11 X
To dismantle/renew accident portion		1,200.00	550
To spray paint		1,200.00	700
Total:		\$ 8,442.15	

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:

P-1783
102
P-160470
L-1290
2894.1
202
2315