

ASS. REC. BY: *Marcus*

REF:

*CC6/CT/22000556/403***ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *GBJ5941A*at Workshop m/s *Lin's Auto*

of _____

Insured: *VN 252274*

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: *\$ 75K*

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: *6* days

Res.: Yes or No

Lum Sum: *1.3.1* %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS *LTA 1882*

Vehicle: IN / OUT

Date: _____ Person Contacted: *Rep / Ok*

Date / Time Action / Instruction

Veh No: *GBJ5941A*Yr Regn: *14/6/19*Type: *MC* Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or *CA / Trailer*Make: *air*Counter *FEA01*

C.C

*2998*Colour: *wh. A*

A/C: Insured / Std / NI / NA

Sp. Reading: *83603*

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *FEA01BA 30099*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt orModi: *Nil* / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: *195-215*

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

TOYO / YOKO or *Mustone*

Front

Rear

R/Bal. *7* mmR/Bal. *7/17* mmL/Bal. *7* mmL/Bal. *7/17* mmD.O.A. *8/1/22*D.O.I. *17/1/22*

Survey held at _____

Des. of Damages: *Frt* / Rear / O/S / N/S / U/C / Rooftop orThe U/C / Chassis frame / Body Structure affected due to collision.
Rec O/S

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others

Report Format :

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

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

TOTAL

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbro@gmail.com

Invoice/Ref No: GBJ5941A220108

Estimate

Customer		Date:	14-01-22
Name:	China Taiping Insurance (Singapore) Pte Ltd	Vehicle No:	GBJ5941A
Address:	Motor Claims Department	Model/Make:	Mitsubishi Canter
	3 Anson Road #16-00		FEA01BR2SDEB (CBU)
	Springleaf Tower		Singapore 079909

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Rh Freezer Cargo Box Stainless Panel <i>Dis</i>	\$ 1,400.00	SN 1100 s/n
2	Freezer Cargo Box Panel <i>cro LR \$2000</i>	\$ 2,800.00	SN 2000
3	Freezer Cargo Box L-Panel <i>Rx</i>	\$ 850.00	SN X
4	Freezer Cargo Box Door Hinge "Lower" <i>Buf</i>	\$ 550.00	SN 200 s/n
5	Freezer Cargo Box Door Weatherstrip <i>SVC</i>	\$ 650.00	SN X
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 1,500.00	1000
	To putty & spray painting & including touch up paint on accident affected areas	\$ 600.00	500

Total Parts & Labour of estimate for damaged vehicle

\$ 8,350.00

Total amount in Lump Sum Basis for repaired vehicle

SDLS: _____



M/s Liu's Brother Auto Engrg Wks

not Authorized
17/1/22

S.N-3300
L-1500
4800

P/P \$ 4800
6 days.

LKK Auto Consultants hereby 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: _____