

08/11/13) wef
ASS. REC. BY: Marcus

REF: CCG/CT/22000883/URS3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **GBA 87704**
at Workshop m/s: **14's Bko**
of _____
Insured: **GBL5070L**
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: **\$45K**
IDAC Accident Rpt: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: **3** days Res.: Yes or No
Lum Sum: **20** % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Vehicle: IN / OUT
Person Contacted: **L7A830269**

Veh No: **GBA 87704** Yr Regn: **27/11/17**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or **CM**
Make: **Nissan Cobstar** c.c **2953**
Colour: **Silver** A/C: Insured / Std / NI / NA
Sp. Reading: **66722** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **JNISC2724 20860610**
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 R15**
R: **165 R13**
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Austone.**
Front _____ Rear _____
R/Bal. **6** mm R/Bal. **6/6** mm
L/Bal. **6** mm L/Bal. **6/6** mm
D.O.A. **15/1/22** D.O.I. **26/1/22**
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction **Dep Sh.**
26/1/22 4/5 #1500 informed Susan.

Date/Time, File Pass to? : Preli. Report
1) : Final Report

Days Of Repair: _____

Date/Time, File Return to?
2) _____

Resurvey No. of Trip: _____

Survey Fee: _____

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

Transportation: _____
Photos _____
Others _____

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

TOTAL

Empty box for final totals and signature.



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 . . Email: liusbroy@gmail.com

Invoice/Ref No: GBG8770Y220115

Estimate

Customer		
Name:	China Taiping Insurance (Singapore) Pte Ltd	Date: 25-01-22
Address:	Motor Claims Department 3 Anson Road #16-00 Springleaf Tower Singapore 079909	Vehicle No: GBG8077Y Model/Make: Nissan Cabstar 3.0 5MT ABS 2DR 2WD Euro 5

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Tail Lamp 02 pcs (@ S\$165.00 N) <i>one</i>	\$ 330.00	N ✓
2	Step Panel <i>Buff/eng</i>	\$ 480.00	SN 400 s/n
3	Reverse Sensor <i>cna</i>	\$ 280.00	SN 200 s/n
4	"70 KM/H" Sticker <i>new</i>	\$ 20.00	SN 10 s/n
5	"12 PAX" Sticker <i>new</i>	\$ 20.00	SN 10 s/n
	To check all wiring & electrical component for proper function	\$ 30.00	- 20
	Remove and refix rear bumper reverse sensor	\$ 60.00	- 40
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 500.00	- 400
	To putty & spray painting & including touch up paint on accident affected	\$ 600.00	- 500

Total Parts & Labour of estimate for damaged vehicle \$ 2,320.00

Total amount in Lump Sum Basis for repaired vehicle \$ -

SDLS: _____



M/s Liu's Brother Auto Engrg Wks

P-330
102
p-297
S.N-620
L-960

1877
20%

1501

not Authored
new
26/1/22
L/S \$1500
3 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: