ASS. REC. BY: Steve | REF: CS/UO122001793/EVF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMB 3008H Yr Regn: 13/9/12

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

Make: MAN NL320F c.c 8960

Colour multi-colour A/C: Insured / Std / NI / NA

Sp.Reading 633230 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA7ZZZ0C7001490

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 295/80R22.5

R: "

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	10/7/13	D.O.I.	23/7/13

Survey held at Tower Transit

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Inve ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation: $ + RS. SI	
Photos	
Others	
TOTAL	

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSIT

ACCIDENT TIME REPORTED	07:14HRS	BUS REGISTRATION NUMBER	SMB3008U
ACCIDENT DATE	10-Feb-22	BUS TYPE (SD/DD)	SD
BUS CAPTAIN NAME	MUHAMMAD ASHARI BIN ABD SAMAD	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	United Overseas Insurance Ltd	BUS ADVERTS (Y/N)	N

SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	OS FRONT VIEW MIRROR ASSY / BR	1	$ 751.90
2	REFLECTOR STICKER / NC	2	$ 40.00
		7% GST	$ 55.43
		PARTS TOTAL COST	$ 847.33

SECTION 2 : LABOUR COST - ASSESSMENT / REPAIR / SPRAY PAINT

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE ITEMS NOS. 1-2 309	$ 650.00
	7% GST $ 45.50
	LABOUR TOTAL COST $ 695.50

SPRAY PAINTING $640 PER PANEL
LABOUR CHARGES $650 PER DAY

SECTION 3 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

1 days MC P/P MC MC

DATE IN	
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	

BUS TYPE (SD / DD)	SD
LOSS OF USE COST	$ 300.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

Steve (LKK) 23/2/22. 12.pm

SUMMARY	
SECTION NO.	COST
1	$ 847.33
2	$ 695.50
3	$ 300.00
TOTAL	$ 1,842.83