

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: YN 8024J
 Policy No. _____
 Claims No. M11D14662202
 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 Rpt: _____ 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 30084 Yr Regn: B/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: 633130 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WMAA9222007001490
 Gen. Cond: Good / Poor / 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: 295/80R19.5
 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. 10/12/12 D.O.I. 23/12/12
 Survey held at Tower Transit
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt RH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
3/3/22	Submit \$1091.90 (un-confirmed) (red 750.93, 40%)
22/6/22	Steve informed final fig \$ 1012.71 (red \$830.12, 45%)
23/6/22	To re-open and submit final report

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: _____

Date/Time, File Return to?

1) _____

Report Format: TPLump Sum / I.B.B. (\$) \$1012.71Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	07:14HRS
ACCIDENT DATE	10-Feb-22
BUS CAPTAIN NAME	MUHAMMAD ASHARI BIN ABD SAMAD
THIRD PARTY CLAIM AGAINST	United Overseas Insurance Ltd

BUS REGISTRATION NUMBER	SMB3008U
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
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 / MC	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	\$ 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 dys
m m
p/p
hy m sy

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

DATE IN	
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	
	\$ 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 12:00pm

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