

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GSD 6267M
 at Workshop m/s: KS Automobile
 of _____
 Insured: _____
 Policy No. _____
 Claims No. DMPC22001184/01/CT
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GSD 6267M Yr Regn: 11/02/15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or (m)
 Make: Toyota hiena c.c. 2982
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 211524 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFHT02P600154692
 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: 195-125
 R: _____

(Policy Condition)

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

N/S	O/S

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

Bal. or Market Value: \$38k.
 IDAC Accident Rpt: Consistent?: Yes or No
 GIA / PR Seen: Consistent?: Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 24/3/22 D.O.I. 26/3/22
 Survey held at _____

CA / REV / REP. / 24 HRS 700A
 Date: _____ Person Contacted: LTA #10867
 Vehicle: IN / OUT

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
	<u>rep/10</u>

23/5/22 4/5 @ \$5400 informed dad. (Red @ 12/22, 69%)

23/5/22 @ 2:59pm revised to ERCS via Merimen.

Date/Time, File Pass to? : Preli. Report
 1) 23/5/22 : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: 1

Date/Time, File Return to?
 2) _____

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

Survey Fee:
Transportation:
_____ S + RS _____ SI
Photos
Others
TOTAL

Report Format: NER-TP
 Lump Sum / I.B.F. (\$) 5400

21	REAR END PANEL (INNER)	3 only 300	1	\$ 547.10	\$ 547.10
22	REAR END PANEL (OUTER)	3 only 300	1	\$ 850.20	\$ 850.20
23	REAR END PANEL EXTEND PANEL	NS	2	\$ 398.70	\$ 797.40
24	REAR FLOOR PANEL	R	1	\$ 2,295.00	\$ 2,298.00
25	REAR EXHAUST PIPE	R	1	\$ 898.00	\$ 898.00
26	REAR EXHAUST PIPE MOUNTING	1-1	2	\$ 28.00	\$ 56.00

TOTAL PRICE \$ 13,837.60
 LESS 25% \$ 3,459.40
 SUB TOTAL PRICE \$ 10,378.20

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE	1	\$ 50.00	\$ 50.00
2	REAR BUMPER CLIP	8	\$ 6.50	\$ 52.00
3	REAR REVERSE SENSOR	1	\$ 250.00	\$ 250.00
4	TAILGATE INNER BOARD CLIP	8	\$ 6.50	\$ 52.00
5	TAILGATE SEALANT	1	\$ 80.00	\$ 80.00
6	TAILGATE STICKER '70km/h'	1	\$ 20.00	\$ 20.00
7	TAILGATE COMPANY STICKER SET	1	\$ 200.00	\$ 200.00
8	REAR END PANEL SEALANT	1	\$ 80.00	\$ 80.00
9	REAR END PANEL TOP PLATE	1	\$ 300.00	\$ 300.00
10	REAR END PANEL EXTEND PANEL SEALANT	1	\$ 80.00	\$ 80.00
11	REAR FLOOR PANEL TOP WOODEN (SPECIAL TYPE)	1	\$ 600.00	\$ 600.00
12	REAR FENDER INNER PANEL SEALANT	1	\$ 80.00	\$ 80.00
13	REAR FLOOR PANEL SEALANT	1	\$ 100.00	\$ 100.00
14	REAR FLOOR TOP BOARD	1	\$ 800.00	\$ 800.00
15	REAR FLOOR PANEL SEALANT	1	\$ 300.00	\$ 300.00

TOTAL \$ 3,044.00

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING AND REPLACE PARTS	\$1,600.00	1100	
2	SPRAY PAINTING TO AFFECTED AREA	\$1,400.00	800	
3	TUFF COAT	\$250.00	80	

4	WIRNING, BULB CHECKING	\$80.00	20
5	REMOVE AND REFIX TAILGATE WINDSCREEN	\$150.00	120
6	TRANSFER TAILGATE MECHAISM	\$120.00	60
7	CONDUCT WATER LEAKAGE TEST	\$100.00	11X
8	REMOVE AND REFIX REAR EXHAUST	\$150.00	11X
9	REAR CHASSIS ALIGHMENT	\$250.00	11X

TOTAL \$4,100.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 13,422.20
TOTAL LABOUR COST : \$ 4,100.00
TOTAL REPAIR COST : \$ 17,522.20

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 an is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

P- 5682.1
25%
P-4261.57
S.N - 400
L - 2180
6441.57
202
5073