

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **F3T33617**

at Workshop m/s **Teo spray**

of _____

Insured: _____

Policy No. _____

Claims No. **mpc03269**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: **815k.**

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 **450C**

Date: _____ Person Contacted: **27A89475**

Vehicle: **IN / OUT**

Veh No: **F3T33617** Yr Regn: **11/01/22**

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Yamaha** **N Max 155cc** **155-**

Colour: **Black** A/C: **Insured / Std / NI / NA**

Sp. Reading: **9318** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____ C/No: **MH3SG 5680MK097172**

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: **110 / 70 - 13**
R: **130 / 70 - 131 RC**

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

TOYO / YOKO or

Front R/Bal. **7** mm Rear R/Bal. **7** mm

L/Bal. mm L/Bal. mm

D.O.A. **27/3/22** D.O.I. **30/3/22**

Survey held at _____

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

frt o/s, n/s Body

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

Date / Time	Action / Instruction
4/4/22	informed shug, 2/5 @ 750 (Red \$1343.50, 64%)

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

1) 04/4 **mpc** : Final Report

Date/Time, File Return to?

2)

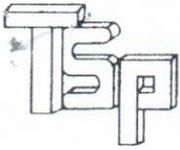
Days Of Repair: **3**

Resurvey No. of Trip: **1**

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

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

Report Format : **MEL-TP**
Lump Sum / I.B.I. (\$) **750**)



張 噴 漆 TEO SPRAY PAINTING

(INCORPORATED IN THE REPUBLIC OF SINGAPORE)
Reg. Address: BLOCK 6, DEFU LANE 10, DEFU INDUSTRIAL PARK C, #01-558

SINGAPORE 539187 TEL: 6283 5474 (2 LINES) FAX: 6287 2012

To resurvey before/after spray REG. NO. 275084 / 00X

- 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:

HL ASSURANCE
11 Keppel road
#11-01 ABI Plaza
Singapore 089057
Tel: 67020202
Email: claims@hlas.com.sg

Not Authored
Mr Marcus
30/3/22

Dear Sir/Madam

28.03.2022

RE: THIRD PARTY CLAIMS FOR FBT3361J AGAINST YOUR
INSURED SMC4015L , ACCIDENT ON 27.03.2022 AT
BLK 23 HOUGANG AVENUE 3 OPEN CAR PARK

2/5 #750
3 days
Mr 900966 of

DESCRIPTION	AMOUNT
Art 1 COVER SIDE 1 RH CUT	\$ 50.00
2 BODY COWLING RH CUT	\$ 68.00
3 PANEL 1 CUT	\$ 45.00
4 PANEL 2	\$ 45.00 X
5 MOLE COVER 1 CUT	\$ 48.00
6 MOLE COVER 2 CUT	\$ 48.00
7 LOWER COVER CUT	\$ 58.00
8 EMBLEM (\$12 X 2) new	\$ 24.00
9 TAIL COVER CUT	\$ 58.00
10 EMBLEM 3D new	\$ 30.00
11 BELT COVER CUT	\$ 65.00
12 EXHAUST COVER CUT	\$ 48.00
13 FOOTBOARD COVER RH CUT	\$ 75.00
14 FOOTBOARD COVER LH CUT	\$ 75.00
15 RADIATOR COVER new	\$ 48.00 X
16 SIDE STAND new	\$ 35.00 X
17 MAIN STAND CUT/new	\$ 80.00
18 BALANCER CUT	\$ 12.00
19 BRAKE LEVER LH CUT	\$ 28.00
20 SIDE MIRROR LH CUT	\$ 35.00
21 HANDLE BAR	\$ 85.00 X
22 FRONT FORK	\$ 480.00 X
23 STEERING CONE	\$ 95.00 X
24 UNDERBRACKET	\$ 380.00 X
	\$ 2,015.00
Less 10%	\$ 201.50
Sub Total	\$ 1,813.50
Nett Item	
1 LABOUR CHARGES	\$ 280.00
Sub Total	\$ 280.00
Total	\$ 2,093.50

Art
102
762.3
9827

220

THANKS
TSP