ASS. REC' BY: Steve | REF: CS/AWA22004983/Eqy3

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. BVF2SB000778200

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: 3 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: XE4366H Yr Regn: 21/9/18

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

Make: Scania P410 c.c 12,742

Colour ~~[illegible]~~ White A/C: Insured / Std / NI / NA

Sp.Reading 255591 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: YS2P4X20005508217

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.	19/5/22	D.O.I.	27/5/22

Survey held at ASM

Des. of Damages : (Frt) / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Steven finalized LS $4000, 3 days (Pad $3386.45, 46%)

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

1) 08/7 [illegible] [ ] : Final Report

Date/Time, File Return to?

2) ______

Report Format : TP

Lump Sum / L.P.: ($ 4000)

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech, Invs ($ ______)

[ ] : Weekend ($ ______)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	

ASM Automotive Services Pte Ltd

No 13, Pioneer Sector 1, Singapore 628424
Main Line: 6265 0980 Fax: 6265 6068
Email: enquiry@asmauto.com.sg
Co. / GST Reg. No.: 201203813C

bizSAFE 3

FROM	: Jaclyn Lai		**DATE**	: 24.05.2022
TEL. NO.	: 6265-0026 / 9236-8218			
EMAIL	: jaclynlai@asmauto.com.sg		**VEHICLE NO.**	: XE 4366 H
			MODEL NO.	: SCANIA P410LA4X2MSZ
TO	: Allied World Assurance Company, Ltd		**CHASSIS NO.**	: YS2P4X20005508217
ATTN	: Motor Claim Department		**ENGINE NO.**	: DC13115L017081411 (12742cc)
TEL. NO.	: 6423 0844 / 6423 0863		**LTA REG DATE**	: 21.09.2018 - 20.09.2028
EMAIL	: motorsurvey@awac.com			
			CLAIM TYPE	: Third Party - XE 6378 K
CC	: GKE Express Logistics Pte Ltd		**D.O.A**	: 19.05.2022
			CLAIM REF NO.	: asm/AC22052/JL

QUOTATION FOR ACCIDENT REPAIR

S/N	SPARE PARTS	QTY	UOM	UNIT PRICE	AMOUNT
1	Member panel, LH ✓ BR	1	pc	$ 149.33	$ 149.33 ✓
2	Member panel, center ✓ CRM	1	pc	$ 108.00	$ 108.00 ✓
3	Wiper link ? X R	1	pc	$ 672.00	$ 672.00 ✗
4	Wiper link bracket ? ✓ B1	1	pc	$ 694.00	$ 694.00 ✓
5	Air duct assy X DD ?	1	set	$ 718.50	$ 718.50 ✗
6	Front upper panel ✓ DD	1	pc	$ 1,577.00	$ 1,577.00 ✓
7	Space frame ✓ DD	1	pc	$ 2,155.00	$ 2,155.00 ✓
				SUB-TOTAL :	$ 6,073.83
				LESS 10% :	$ 607.38
				TOTAL PARTS :	$ 5,466.45

4683.33
-10%
4214.99

S/N	LABOUR CHARGES	AMOUNT
1	Remove and replace damaged parts as above. Including jack, straighten and realign front dash panel top frame. ($350 x 4 days) 350 x 1.5 — 525	$ 1,400.00
2	Vacuum and replenish aircon gas.	$ ✗ 120.00
3	Spray painting — 250	$ 400.00
	TOTAL LABOUR : 775	$ 1,920.00
	= 4,989.99	
	GRAND TOTAL :	**$ 7,386.45**

Steve (LKK)
27/5/22, 12.?
[signature]

L/S
by AL
3 days

L/S - 3991.99
= 4000

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: