

ASS. REC. BY:

REF:

TM1 / 22005043/Kgc

C

Kenneth

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. _____

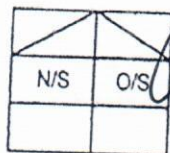
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D 66 U Yr Regn: 03, 16

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

Truck / Trailer or

Make: Renault Latitude c.c 1995Colour: M. White / Blue A/C: Insured / Std / NI / NASp. Reading: 696709 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFI ABC 15 AUG 28 2726Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 25/5/22

Survey held at _____

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 26/5/2022Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S FR

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

30/5 21:50 @ 3450h Carbur

Re-finalised LS \$9800, 3 days (Red \$ 6394.88, 63%)

Date/Time, File Pass to?

1) 24/8 Trust

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final ReportDays Of Repair: 3

Resurvey No. of Trlp: _____

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

Survey Fee:

Transportation

) S - RS. SI

) Fines

) Others

TOTAL

Report Format: NER 7PLump Sum / L.B.I: (\$ 3800)

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD66U

AAD2205-121

Not Notified
11 Pm 8345d.
Repair After Rain

Vehicle No.:

2202 JAW 92

SHD66U

UEN No:

200303878K

Vehicle Make:

~~24 MAY 2022~~

RENAULT

Vehicle Model:

LATITUDE

Date of Accident :

25/5/2022

Third Party Insurer :

SMD7701P / TOKIO MARINE

Date of Registration:

22/3/2016

PART**LIST**

1	DOOR PANEL FRT RH	\$	<i>By</i> 2,844.66	✓
1	DOOR HINGE UPPER FRT RH	\$	<i>n</i> 274.50	X
1	DOOR HINGE LOWER FRT RH	\$	<i>n</i> 300.55	X
1	ROCKER PANEL OUTER RH	\$	<i>n</i> 1,184.99	X
1	FENDER PANEL FRT RH	\$	<i>By</i> 437.10	✓
1	WHEELARCH FRT RH	\$	<i>cm</i> 191.40	✓

TOTAL	\$	5,233.20
10%	\$	523.32
	\$	4,709.88

Special Nett

1	DOOR TRIM CLIP	\$	<i>nn</i> 70.00	X
1	DOOR MOULDING CLIP	\$	<i>nn</i> 70.00	X
1	DOOR STICKER TRANSCAB	\$	<i>nn</i> 200.00	<i>601</i>
1	DOOR STICKER CLASSIC	\$	<i>nn</i> 100.00	<i>151</i>
1	FENDER CLIP	\$	<i>nn</i> 70.00	✓
1	FENDER LINER CLIP	\$	<i>nn</i> 65.00	X

TOTAL	\$	575.00
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TOTAL PARTS	\$	5,284.88
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LABOUR

To rust-proofing and apply undercoat of the affected areas. \$ 230.00 *601*

To transfer of door fittings, attachment and perform water seepage test. \$ 170.00 *601*

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AAD2205-121

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SHD66U

Putty and spray painting of the affected portion.	\$	1,400.00	4401
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,000.00	4001
To transfer of tire, rim and on wheel balancing.	\$	170.00	nn X
To Check Electrical Lighting Concerned.	\$	170.00	156
To check steering geometry and computer wheel	\$	220.00	601
TOTAL	\$	4,360.00	
Over All Total	\$	9,644.88	

(LUMPSUM) Repair Days

7 Days
3 days

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:

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Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHD66U

Vehicle No.:
UEN No:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :
Date of Registration:

SHD66U
200303878K
RENAULT
LATITUDE
25/5/2022
SMD7701P / TOKIO MARINE
22/3/2016

SUPPLEMENTARY ESTIMATE

	Special Nett			
1	HUP CAP	\$	<i>Net</i> 250.00	✓
1	FRONT DOOR ADVERTISEMENT STICKER	\$	<i>200 Net</i> 300.00	
TOTAL		\$	550.00	