

Steve

CS/EG122005287/Ety3

**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: \_\_\_\_\_

Veh No: SBS3373E Yr Regn: 3/1/14  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Volvo B9TL c.c. 9364  
 Colour: Multi-colour A/C: Insured / Std / NI / NA  
 Sp. Reading 543193 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: YV3S4P928EA163525  
 Gen. 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 or  
 Tyre Size: F: 995/80R22.5  
 R: "

(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: 1 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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. 25/5/22 D.O.I. 3/6/22  
 Survey held at Tower Transit  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front LH  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	final fig \$ 2361.61 and 1 day (Red. \$ 551.29, 19%)

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

Days Of Repair: 1  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: TP - mer  
 Lump Sum / L.S.A. (\$) 2361.61

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 \$ + RS. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	08:32HRS
ACCIDENT DATE	25-May-22
BUS CAPTAIN NAME	BALASUBRAMANIYAN ARUNKUMAR
THIRD PARTY CLAIM AGAINST	ERGO Insurance Pte. Ltd.

BUS REGISTRATION NUMBER	SBS3373E
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

## SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	NSF MIRROR ARM COMPLETE WITH MEKRA MISSOR ASSY	1	\$ 2,182.90
2	REFLECTOR STICKER	2	\$ 80.00
		7% GST	\$ 158.40
		<b>PARTS TOTAL COST</b>	<b>\$ 2,421.30</b>

## SECTION 2 : LABOUR COST - ASSESSMENT / REPAIR / SPRAY PAINT

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE ITEM NOS 1 & 2	\$ 650.00
SPRAY PAINTING \$640 PER PANEL	\$ 45.50
LABOUR CHARGES \$650 PER DAY	\$ 695.50
<b>LABOUR TOTAL COST</b>	<b>\$ 695.50</b>

## SECTION 3 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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## SECTION 4 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

Acknowledged by Repairer Signature: Date:	BUS TYPE (SD / DD)	DD	DATE IN	
			DATE & TIME SURVEY	
			DATE OUT	
			TOTAL NUMBER OF DAYS	
LOSS OF USE COST			\$	1,600.00

Steve (LKK)  
 3/6/22, 12:30pm  
 1 day  
 in P-  
 PIP  
 by RL y

SUMMARY	
SECTION NO.	COST
1	\$ 2,421.30
2	\$ 695.50
3	-
4	\$ 1,600.00
<b>TOTAL</b>	<b>\$ 4,716.80</b>

29/12/19