

ASS. REC. BY:

REF:

AIG / 220055701ke

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.

☒	☒
N/S	O/S
☐	☐

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: S110 482B Yr Regn: 08, 17

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995Colour M. White / R A/C: Insured / Std / NI / NASp. Reading 319162 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1AB215AUC 283292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: 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

Pailon

Front

R/Bal. 7 mm

Rear

R/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 4/6/22D.O.I. 7/6/2022

Survey held at _____

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

O/S Frt

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

Date / Time Action / Instruction

13/6 212m 2160h Car

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

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

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$)

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

SHD482B*Not Authorised*
*1/Qty @ 1600/r***AAD2206-**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD482B

VF1ABL15AUC283292

200303878K

RENAULT

LATITUDE

04/06/2022

SLG7969E/ AIG

07/08/2017

07 JUN 2022

PART		LIST	
1	HEADLAMP RH	\$	<i>RM</i> 743.60 <i>X</i>
1	FENDER PANEL FRT RH	\$	<i>RM</i> 437.10 <i>✓</i>
1	WHEELARCH FRT RH	\$	<i>RM</i> 191.40 <i>X</i>
1	WIPER RESERVOIR	\$	<i>RM</i> 179.60 <i>X</i>
1	BUMPER COVER FRT	\$	<i>RM</i> 747.20 <i>✓</i>
1	BUMPER BRACKET KIT FRT RH	\$	<i>RM</i> 101.40 <i>X</i>
		\$	2,400.30
		10% \$	240.03
		\$	2,160.27

Special Nett

1	FENDER CLIP	\$	<i>RM</i> 120.00 <i>X</i>
1	FENDER LINER CLIP	\$	<i>RM</i> 130.00 <i>X</i>
1	FRT BUMPER CLIP	\$	<i>RM</i> 65.00 <i>✓</i>
	TOTAL	\$	315.00
	TOTAL PARTS	\$	2,475.27

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00 <i>4401</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	6,000.00 <i>4001</i>
To Rust-Proofing Of The Affected Areas.	\$	170.00 <i>301</i>

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SHD482B

To reinstall rear bumper parking sensor.	\$	<i>nn</i> 170.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	<i>nn</i> 170.00	X
To repair and realign rear exhaust pipe.	\$	<i>nn</i> 170.00	X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	<i>nn</i> 170.00	X
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>10/</i>

TOTAL \$ 10,240.00**Over All Total \$ 14,875.54****(LUMP SUM)****Repair Days****20 DAYS**
*2 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: