

ASS. REC. BY:

REF:

A/G/ 22008247/KC

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:

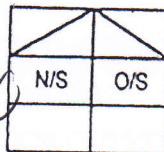
Excess:

(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:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/HO 53092

Yr Regn:

17, 18

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

Truck / Trailer or

Make:

Toy Prius

C.C.

1798

Colour

M.P. white 1Pr

A/C:

Insured / Std / NI / NA

Sp. Reading

429418

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31F4903076748

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

Inorder / Jammed / Leaked / Burnt or

Brake:

Inorder / Jammed / Leaked / Burnt or

Modl:

NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

195/65R15

R:

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

Pailun

Front

Rear

R/Bal.

P

mm

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

28/6/22

D.O.I.

29/6/2022

Survey held at

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

Rear N/S down

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

Date / Time

Action / Instruction

30/6 11:50 81450h Cntr

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

Not Notified
11 Pmp @ 1450/r

Trans-cab Auto Services Pte Ltd

AAD2206-127

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD5309L

29 JUN 2022

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD5309L

JTDKB3FU903076748

200303878K

TOYOTA

PRIUS

28/06/2022

SND8126G/AIG

15/11/2018

PART	LIST	
1 PANEL SUB-ASSY, REAR DOOR, LH	\$ 1294.90	✓
1 FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, LH	\$ 193.50	X
1 COVER, REAR DOOR OUTSIDE HANDLE, LH	\$ 17.90	X
1 HINGE ASSY, REAR DOOR, LOWER LH	\$ 87.10	—
1 HINGE ASSY, REAR DOOR, UPPER LH	\$ 98.90	—
1 TAPE, BLACK OUT, NO.1 REAR LH	\$ 21.90	—
1 TAPE, BLACK OUT, NO.2 REAR LH	\$ 34.90	—
1 TAPE, BLACK OUT, NO.3 REAR LH	\$ 15.40	—
1 MOTOR ASSY, POWER WINDOW REGULATOR, REAR LH	\$ 926.00	X
1 REGULATOR SUB-ASSY, REAR DOOR WINDOW, LH	\$ 206.70	X
1 CHECK ASSY, REAR DOOR, LH	\$ 183.80	X
TOTAL	\$ 3,081.00	
25%	\$ 770.25	
	\$ 2,310.75	

Special Nett

1SET DOOR WEATHERSTRIP CLIP	\$ 65.00	X
1 REAR DOOR ADVERTISEMENT	\$ 200.00	1205N
1 REAR DOOR STICKER TEL. NO	\$ 100.00	605N
TOTAL	\$ 365.00	

TOTAL PARTS \$ 2,675.75

LABOUR

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 X

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Panel Beating, Knocking And Straightening The Necessary
Portion, Remove And Renewal Of Parts, Adjust And Realign
The Same

\$ 1,400.00 *2001*

Putty And Spray Painting Of The Affected Portion.

\$ 1,400.00 *2201*

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ 240.00 *301*

To Check Electrical Lighting Concerned.

\$ 170.00 *151*

TOTAL \$ **3,590.00**

Over All Total \$ **6,265.75**

(PART-BY-PART) 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: _____