

ASS. REC. BY:

REF: MSG-1 22006291Kc1. 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: _____

1-6pm

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Bal. or Market Value: \$107K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Sm Q 8873B Yr Regn: 12.19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Opel Insignia c.c. 1598Colour: M. Black A/C: Insured / Std / NI / NASp. Reading: 184131 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W0V8M6EF3K1070588Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm orTyre Size: F: Kaplan 225/55R17R: Creslander

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 7 mmL/Bal. 6 mm L/Bal. 7 mmD.O.A. 30/6/2 D.O.I. 4/7/2022Survey held at 1-20pmDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop orN/S Fr body

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

Date / Time Action / Instruction

27/2 5.0pm Spoken to Angela, vehicle not repaired due to liability down. Owner withdraw claim.

Submit preli report (Revised Sig \$1563.80; 4 days)

Date/Time, File Pass to?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

Fin. Pos

Others

TOTAL

Report Format:

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

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Weekend (\$ _____)

Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869
Tel: +65 6255 2288 | Fax: +65 6265 5388
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

ESTIMATION REPORT

Vehicle No : SMQ8873B
Make & Model : OPEL, INSIGNIA GRAND
SPORT, W0VZM6EF3K1070588

Estimation No. : E22070001
Date : 01/07/2022

No.	Code	Description	Qty	U/P	Amt
Section: Parts					
1		FRONT FENDER LH	1.00	530.00	530.00 ✓
2		FRT FENDER BRACKET LH	1.00	80.00	80.00 X
3		FRONT FENDER INNER SHIELD LH	1.00	115.20	115.20 X
4		FRONT DOOR LH	1.00	1,809.60	1,809.60 X
5		FRONT DOOR CHECK LH	1.00	35.00	35.00 X
6		SIDE MIRROR COVER LH	1.00	102.00	102.00 ✓
7		16 ALLOY WHEEL REAR LH	1.00	450.00	450.00 X

Amt S\$ 3,121.80
Discount (0.00%) S\$ 0.00
Subtotal S\$ 3,121.80

Section: Special nett

8		FENDER CLIP	7.00	7.00	49.00 X
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Amt S\$ 49.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 49.00

Section: Labour

9		TO PANEL BEATING, REALIGN BONNET, FRONT FENDER, FRONT DOOR LH, SIDE MIRROR AND ALL NECESSARY ETC	1.00	1,500.00	1,500.00 350
10		TO CHECK WIRING FOR PROPER FUNCTION.	1.00	120.00	120.00 152
11		TO APPLY ANTI-RUST.	1.00	150.00	150.00 301
12		TO PUTTY AND SPRAY PAINTING ON BONNET, FRONT FENDER, FRONT DOOR, SIDE MIRROR AND ALL NECESSARY ETC.	1.00	1,200.00	1,200.00 600

Amt S\$ 2,970.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 2,970.00

Remarks:

MSIG INSURANCE
DOA - 30/6/2022
TP CLAIM

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:

Parts Subtotal S\$ 3,121.80
Special nett Subtotal S\$ 49.00
Labour Subtotal S\$ 2,970.00
Total S\$ 6,140.80