

ASS. REC. BY:

REF:

C72/ 22006857/K

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. _____

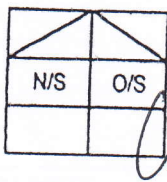
Claims No. _____

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 NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNR 3770J Yr Regn: 12, 19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Toy Prius c.c. 1798Colour: M.D. Blue A/C: Insured / Std / NI / NASp. Reading: 126393 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT0853EU 20J052299Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F1418 PR: Arvo 205/60R16

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 17/6/22

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 19/7/2022

Survey held at _____

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

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

Date / Time Action / Instruction

8/8 @ 5801 Carlin

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

) S - RS. \$

) Extras

) Others

TOTAL

Report Format :

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

Date: 18/07/2022
Vehicle No: SMR3770S
Model: TOYOTA PRIUS PLUS
Chassis: JTDZS3EU20J052299
Reg.Year: 2019

Third Party Insurer: CHINA TAIPING
Third Party Veh No: SFA999S
Date of Accident: 17/07/2022
Estimator: KIT
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER LOWER DIFFUSER	1	R	nn \$387.90
2	REAR BUMPER REFLECTOR RH	1		R \$76.30
3	REAR BUMPER	1		REPAIR
4	REAR FENDER RH	1		REPAIR
SUB TOTAL				\$464.20
LESS 25%				\$116.05
PARTS TOTAL				\$348.15

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		NN \$50.00
S/N TOTAL				\$50.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST ACCIDENT AREAS. 1801 \$400.00

LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREAS. \$600.00 8001

TO TUFF KOTE & UNDERSEAL MATERIALS. nn \$100.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. nn \$80.00 X

LABOUR TOTAL \$1,180.00

KIT

TOTAL \$1,578.15

Not with the
Money After Paint
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:

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

