

ASS. REQ. BY:

Stere

(S) SMO 22007348/ery3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / INS / 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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJD 9090R Yr Regn: 22/2/08
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mercedes-Benz C180K c.c. 1700
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp. Reading: 201135 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WDD2240162A104520
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R15
 R: 205/55R15
 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. 28/11/22 D.O.I. 3/8/22
 Survey held at MTM
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>MT-58K</u>

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.H. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

MTM Performance Auto Pte Ltd

48 Toh Guan Road East #01-141 Enterprise Hub S(608586)
Tel: 6271 2088 ROC No. : 200921372W



ESTIMATE

TO : SOMPO INSURANCE
ATTENTION : MOTOR CLAIM DEPARTMENT
DATE : 1-Aug-2022
JOB TYPE : THIRD PARTY CLAIM

VEHICLE DETAILS
VEHICLE NO. : SJD9090R
MAKE / MODEL : MERCEDES C180K
CHASSIS NO. : WDD2040462A107520
VEHICLE REG DATE : 22 Feb 2008
OWNER INSURANCE : NTUC INSURANCE
ESTIMATOR : Donovan | HP: 97974474 | donavan.leong@mtmperformancegroup.com

ACCIDENT DETAIL
DATE : 28-Jul-2022
TIME : 1600 hr
POLICY NO : 5116316589-02

CLAIM DETAIL : LIST PRICE (\$\$)

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	Front Bumper / OR	1	\$ 1,500.00	\$ 1,500.00
2	Front Headlamp LH ?	1	\$ 1,100.00	\$ 1,100.00

TOTAL PRICE : \$ 2,600.00

LIST LESS 10% : \$ 260.00

SUB TOTAL PRICE : \$ 2,340.00

CLAIM DETAIL : PARTS S/NETT

S/N	DESCRIPTION	QTY	UNIT S/N PRICE	TOTAL S/N PRICE
1	Front Grille / OR	1	\$ 800.00	\$ 800.00
2	Front Grille Mercedes Logo Chrome / OR	1	\$ 200.00	\$ 200.00

S/N TOTAL PRICE: \$ 1,000.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

S/N	DESCRIPTION	PRICE	ADJUST
1	Spray painting to facilitate repair	\$ 500.00	200
2	Panel beating to facilitate repair	\$ 500.00	200

LABOUR TOTAL PRICE: \$ 1,000.00

- 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:

ESTIMATE REPORT

TOTAL PARTS PRICE : \$	3,340.00
TOTAL LABOUR PRICE : \$	1,000.00
TOTAL AMOUNT : \$	4,340.00

APPROVED DETAILS

NO.OF REPAIR DAYS :

P & P OR LUMPSUM :

SURVEYED BY :

CONTACT NUMBER :

E-MAIL :