ASS. REC'd BY: Stev (S) SMP2200734B/EVY3

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: SGW 3050G

Policy No. _____

Claims No. CMTD2202593/AGC

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 Rport: _____ 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 1796

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading 201135 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2030621A105420

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R15

R: "

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 : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	MY-58K
16/1/23	Lump Sum $2050 confirmed by email (Red 2290, 52%)

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) 16/1/23-typist

Report Format : TP

Lump Sum / Est: ($ $2050)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	
S + RS	SI
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	DATE :	1-Aug-2022
ATTENTION	: MOTOR CLAIM DEPARTMENT	JOB TYPE :	THIRD PARTY CLAIM

VEHICLE DETAILS | **ACCIDENT DETAIL**

VEHICLE NO.	: SJD9090R	DATE :	28-Jul-2022
MAKE / MODEL	: MERCEDES C180K	TIME :	1600 hr
CHASSIS NO.	: WDD2040462A107520		
VEHICLE REG DATE	: 22 Feb 2008		
OWNER INSURANCE	: NTUC INSURANCE	POLICY NO :	5116316589-02
ESTIMATOR	: Donavan | HP: 97974474 | donavan.leong@mtmperformancegroup.com		

CLAIM DETAIL : LIST PRICE (S$)

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	Front Bumper	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	1	$ 800.00	$ 800.00
2	Front Grille Mercedes Logo Chrome	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 facilate repair	$ 500.00	200
2	Panel beating to facilate repair	$ 500.00	200
	LABOUR TOTAL PRICE:	**$ 1,000.00**	

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 Co...

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 :