

ASS. REC BY: T. J. SmithREF: CS/INC 22007869/TCYS.

ASSIGNMENT

2024 Sep.

2004 Sep

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / 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: \$17K

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: GX82024Yr Regn: 2004 Sep

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

Truck / Trailer or

Make: Toyota Liteace 2.2m c.c 2184Colour: white A/C: Insured / Std / NI / NASp. Reading: 549878 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: CR425009847

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/70R14R: 2-

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

TOYO / YOKO or

Front: 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. _____ D.O.I. 17/8/22 @ 11/5Survey held at Auto Buddy

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

Part o/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Date/Time, File Return to?

2)

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

Rep. Format: _____

Lump Sum / L.B. / ()

S + RS. SI

Photos

Others

TOTAL

Auto Buddy

60-D Kallang Pudding Road #01-02 Singapore 349321
Reg.No. 52863192J HP 91004390/96790868 Fax 64841482
Email: autobuddyclaims@gmail.com

M/s NTUC Income Insurance Co-operative Ltd DATE 15.08.2022
73 Bras Basah Road, #05-01 CAR NO GX 8202 Y
NTUC Trade Union House S189556 MAKE Toyota Liteace Van

ESTIMATED COST OF REPAIR FOR THE ABOVE MENTIONED VEHICLE
YOUR INSURED : GBF 3650 Z

Pc	Pcs	CR425009847	UNIT PRICE	AMOUNT
1	pc	Front bumper		\$399.60
10	pcs	Front bumper clips N ett	\$2.50	\$25.00
1	pc	Front bumper reinforcement		\$332.30
1	pc	Front bumper lower lip (rihgt)		\$200.00
1	pc	Front bumper side retainer (right)		\$65.90
1	pc	Front bumper fog lamp cover (right)		\$137.70
1	pc	Front grille		\$299.95
1	pc	Front grille Toyota logo		\$37.80
1	pc	Front right hand head lamp		\$287.90
1	pc	Front right hand head lamp rim		\$156.90
1	pc	Front right hand side lamp		\$128.60
1	pc	Front right side tyre rim		\$399.60
1	pc	Front bonnet		\$519.80
2	pcs	Front bonnet hinge	\$65.60	\$131.20
1	pc	Front bonnet emblem		\$55.60
1	pc	Front right side fender		\$549.90
1	pc	Front right side fender inner cowling		\$197.85
8	pcs	Front right side fender inner cowling clips	\$2.50	\$20.00
1	pc	Front right side fender signal lamp		\$49.80
		To spray anti-rust coating on new & affected panels.		\$200.00
		To straighten, repair, realign on affected area, cutting front right side fender, dismantle and replace the above mentioned parts.		\$1,200.00
		To respray painting on front bonnet, front right side fender, front bumper & bumper lower lip.		\$1,100.00
		To check rear lighting and electrical wiring systems include performing water leakage		\$120.00

Susan Lim
Auto Buddy.

Taufik 974 95749 / 62563561
WP' 17/8/22 & 1115am
Lump sum, Resurvey after repair
taufik @ lkkauto.com
06days

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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: