

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: YN 4655Pat Workshop m/s Home Term Tacticalof 1, GKI Bann (1, Mammal & Curragh)Insured: SCD

Policy No. _____

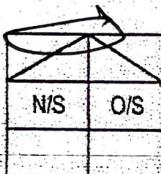
Claim No. _____

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 Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date/Time Action / Instruction

Veh No: YN 4655P Yr Regn: /Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: ISUZU C.C. _____Colour: WHIT A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAGNPR 85 HET 100 181Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 7.00-15 LTR:

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

TOYO / YOKO or Supple

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7/7 mmL/Bal. 7 mm L/Bal. 7/7 mmD.O.A. _____ D.O.I. 23/08/22Survey held at H.T.TDes. of Damages Fr / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

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

) \$ + RS. \$ _____

) Photos

) Others

Report Format : _____

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

TOTAL



Scope of Work

Home Team Agency

SCDF Reference No : ACC-SMRT-22-02

SMRT Reference No: 4655/SCDF/4W/22/04/04

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

SCOPE OF WORK

- 1 To provide labour, materials, transportation, tools and parts and others deemed necessary to carry out the following repairs:

VEHICLE TYPE	LORRY C4	REGISTRATION NO	YN 4655 P	REPAIR TYPE
MAKE/MODEL	ISUZU NPR85	UNIT	2 DIV	CONTRACTOR

S/N	ITEM DESCRIPTION	PARTS				LABOUR		
		PARTS QTY	PARTS COST PER UNIT (\$)	MARK UP RATE	PARTS COST PER UNIT (\$) AFTER MARK UP	TOTAL PARTS COST (\$) AFTER MARK UP	MAN-HOUR QTY	TOTAL MAN-HOUR COST (\$)
SCOPE OF REPAIRS								
A Labour								
1	Replace dislodged R/H & L/H corner panel						2	\$0.00
2	Remove & replace shattered R/H & L/H head lamps & signal lamps						4	\$0.00
3	Replace damage front panel cowl cover, radiator grille, cowl top panel, number plate and apply stickers						8	\$0.00
4	Replace damage front bumper & bumper supports						4	\$0.00
5	Replace damage LH blind spot mirror glass						0.5	\$0.00
5	Remove & replace damage RH mirror arm assy						0.5	\$0.00
6	Re-wiring for head lamps & signal lamps						2	\$0.00
6	Replace front panel sticker and emblem						3	\$0.00
6	Remove & replace number plate						0.5	\$0.00
7	Putty & spray paint front panels						6	\$0.00
SUB TOTAL							30.5	\$0.00
B Materials								
1	Front Side Corner Panel RH / LH						NA	
2	Head lamp RH / LH						NA	
3	Signal Lamp RH / LH						NA	
4	Door Signal Lamp RH						NA	
5	Front Bumper						NA	
6	Front Panel						NA	
7	Front Grille						NA	
8	Emblem "ISUZU"						NA	
9	RH Mirror Arm Assy						NA	
10	Blind Spot Mirror						NA	
11	Front Number Plate						NA	
12	Front Panel Sticker						NA	
SUB TOTAL								\$0.00
C Collection & Delivery								
1	Towing From Station - Workshop (SOR 10)							
2	Delivery From Workshop - Station (SOR 9)							
Total								\$0.00
D ADDITIONAL SERVICES								
1	Admin Support							
NA								\$0.00
SUB TOTAL								\$0.00
TOTAL PARTS COST (AFTER MARK UP)								\$0.00
TOTAL MAN-HOUR COST								\$0.00
TOTAL ADMIN SUPPORT COST								\$0.00
TOTAL PARTS COST + TOTAL MAN-HOUR COST + ADMIN								\$0.00
Contractor shall complete the entire repair within 10 working days upon collection date of vehicle								
Contractor QC		Home Team QC / Fleet Manager / Appointed Surveyor			(Asst Dir for repairs < \$5000 Director for repairs up to \$750,000)			
Name		Name		Name				
Signature		Signature		Signature				
Date		Date		Date				
Scope of Works must be verified by Home Team Contract Manager before works can begin								
Duration of Work								
Contractor		Contractor		Contractor QC				
Date Vehicle Collected		Date Vehicle Completed		Name				
Signature		Signature		Signature				
Name		Name		Date				
Verification of Completed Repairs								
Contractor QC		Home Team QC / Appointed Surveyor			Home Team Contract Manager / Fleet			
Name		Name		Name				
Signature		Signature		Signature				
Date		Date		Date				
All completed repairs must be verified by Home Team Contract Manager / Fleet Manager before payment can be made								

RASUL
p 90010068
10 days
P/P
23/08/22
@ 1130
Resurvey
before
paint