

ASS. REC BY: T. G. J. M.

REF: CS/40122008072/TUG3

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / IS / 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: \$68K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLG7738E Yr Regn: 2016, Out

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

Make: Toyota Wish C.C. 1798

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

Sp. Reading: 80375 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: STD6620WX0J00548

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15 R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 6/9/22

Survey held at Ryder Auto.

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 |
|-------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Rep. Format : _____

Lump Sum / I.B.h. / % _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

| | |
|-----------------|-------|
| Transportation: | _____ |
| S + RS: SL | _____ |
| Photos | _____ |
| Others | _____ |
| TOTAL | _____ |

2 Kaki Bukit Ave 2, #02 19/22 AutoHub @ Kaki Bukit, Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277 Fax: 67468277

ESTIMATE OF REPAIR

Veh# SLG7738E

Model: TOYOTA WISH 1.8

Accident Date 3/9/2022

10/10/2016

Location SERANGOON NORTH BLK 108 CARPARK

3P: SLB9228Z (UOI)

| S/Nos. | Qty | Description | List \$ | S/Nett \$ | Nett \$ |
|---------------|--------|---|-----------------|--------------|-------------|
| 1 | 1 pc | Front bumper | 842.20 | | all |
| 2 | 10 pcs | Front bumper clips | | 40.00 | net |
| 3 | 1 pc | Front bumper n/s retainer | 137.25 | | de |
| 4 | 1 pc | Front bumper n/s fog lamp | 422.80 | | ? |
| 5 | 1 pc | Front bumper n/s fog lamp garnish cover | 195.00 | | net |
| 6 | 1 pc | Front bumper n/s fog lamp bracket | 192.75 | | ? |
| 7 | 1 pc | Front grille | 789.60 | | ? |
| 8 | 4 pcs | Front grille clips | | 16.00 | ? |
| 9 | 1 pc | Front n/s head lamp | | | ? |
| Sub Total: | | | 1,100.00 | | eva |
| Sub Total: | | | 3,679.60 | 56.00 | 0.00 |
| After Less %: | | | 25% | 0% | 10% |
| After Less %: | | | 2,759.70 | 56.00 | 0.00 |

| Labour | | | |
|-----------------|---|-----------------|-----|
| 1 | To dismantle, straighten & welding. | 800.00 | 250 |
| 2 | To spray painting. | 600.00 | 250 |
| 3 | To check for fault code and re set electrical system. | 180.00 | 2 |
| 4 | To check wiring. | 50.00 | 30 |
| 5 | To re seal anti rust. | 50.00 | X |
| Sub Total: | | 1,680.00 | |
| Total: | | 4,495.70 | |
| After Less 20%: | | 3,596.56 | |

Chan San Choon
Director
DipEng, AAE MIM

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
- Any damaged part(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: *[Signature]*
Date: *[Date]*
Accredited Certification
SAC Body



bizSAFE AL 8778 1999
24 hr accident call



Taufik 97495749 / 67563561
WP: 6/9/22 @ 1pm
Taufik @ lkkauto.com
L/S Resurvey after repair
Taufik @ lkkauto.com
2-2 days