ASS. REC. BY:

REF: CS6/GAI220092 92/Dqy3.

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: _____

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: PIP % · 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SML 6405J Yr Regn: May / 2018

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

Make: Toyota ~~Honda~~ Noah c.c ~~1129~~ 1986

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

Sp.Reading 100039 T/Radio: Insured / Std / NI / NA

Eng/No: 3ZRC243525

C/No: ZRR80039803 8*

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: 215/45 R17

R: " "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 16/09/2022 D.O.I. 21/09/2022

Survey held at Desk Top Survey

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

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

Date / Time	Action / Instruction
	Grant American OD
	MV MV 120K
	VIA 43.8K
	HL 76.2K
03/02/22	PIP 3005.40 with 4 days of rep (Incl $300, 9%) (No Lump Sum)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : OD

Lump Sum / I.B.I: ($ 3005.40)

Survey Fee:	
Transportation: ___S + RS ___SI	
Photos	
Others	
TOTAL	

SML 6405J
OD/GA

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

M/S : GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVE,
16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: 68046037 FAX: 62353354
ATTN: Motor Claim Department

WS Ref: OD/GA
Claim Type: Own Damage
Accident Date: 16/09/2022

Claim No: **ES2290957**
Estimate No: **ES2290957/YISHUN**
Date: 20 Sep 2022
Policy No: MT20211455
Veh Reg No: **SML6405J**
Make/Model: TOYOTA TOYOTA NOAH 2.0X CVT
Chassis No: ZRR800398038
Engine No: 3ZRC243525
Reg. Date: 18/05/2018

Estimate Repair Cost to Vehicle No : SML6405J

	Description	U/Price	Quantity	Cost S$	Amount S$
	Cost Plus				
1	FRONT BUMPER Dent	280.00	1 PC	280.00 Add	
2	FRONT BUMPER RH SIDE RETAINER Bracket	45.00	1 PC	45.00	
3	FRONT BUMPER RH FOG LAMP GARNISH Cut/Distortion	70.00	1 PC	70.00	
4	FRONT BUMPER CLIPS Hec	2.00	6 PCS	12.00	
5	RH HEADLAMP Cut/Scratch	980.00	1 PC	980.00	
6	FRONT RH FENDER Dent	350.00	1 PC	350.00	
7	FRONT RH FENDER INNER SHIELD torn	95.00	1 PC	95.00	
8	FRONT RH FENDER INNER SHIELD CLIPS Hec	2.00	6 PCS	12.00	
9	RH HEADLAMP PROTECTOR Cut.	70.00	1 PC	70.00	
				1,914.00	
		Add 10%		191.40	2,105.40
10	REMOVE & REFIX FRT BUMPER ASSY,HEADLAMP,FRT RH FENDER,TO KNOCK & REPAIR FRT LH FENDER INNER PANEL,FRT SUPPORT PANEL	500.00	1 LA	500.00 400	
11	PUTTY & RESPRAY FRT RH DOOR,FENDER,FRT BUMPER,FRT RH FENDER INNER PANEL AND ALL AFFECTED AREAS	700.00	1 LA	700.00 500	
					1,200.00

Total	S$ 3,305.40
Add GST @ 7%	231.38
Total Amount payable	S$ 3,536.78

P/P
4 days

For Cheng Hoe Motor Pte Ltd

P/P 3005.40
4 days. =

AUTHORISED SIGNATURE

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: