ASS. REC. BY: Steve CS/AIS 22009428/Eqy 3

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: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SBS 3816 H Yr Regn: _____

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

Make: Volvo c.c _____

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

Sp.Reading 628717 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV3 S4P91DLA167588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 275/70R22.5

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.	16/9/22	D.O.I.	16/9/22

Survey held at SBS

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

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

Date / Time	Action / Instruction
	Submit Preli. report ($3941, 2 days)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☑ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Report Format: _____

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

Survey Fee:	
Transportation:	$ + RS. SI
Photos	
Others	
TOTAL	

Accident Repair Estimate

ACCIDENT DATE:	16-Sep-22	BUS NUMBER:	SBS3816U
ACCIDENT TIME:	21:00	BUS MODEL:	DD
ACCIDENT REPORT NUMBER:	AR-2022-2465	DATE OF SURVEY:	26-Sep-22
3RD PARTY CLAIM AGAINST :	GBL1127A		

SECTION A : PARTS & MATERIAL COST

Part or Item Description	Quantity	Total Cost
30750060 OS NO 4 BODY PANEL	1	$952.00
307500 OS NO 3 BODY PANEL	1	$858.00
30750107 OS LOWER BODY PILLIAR	1	$1,143.00
	TOTAL PARTS & MATERIAL COST	$2,953.00

SECTION B: ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)

To Remove / Replace / Repair Damaged Parts by Workshop		$188.00
To Remove / Replace / Repair Damaged Parts by Contractor		$800.00
To Remove/ Replace/ Repair Damaged Advertisement Panel		$300.00
	TOTAL LABOUR COST	$1,288.00

SECTION C: SUMMARY

Total Repair Costs		$4,241.00
Total Downtime (Days)	2	$842.62
Towing Cost		$0.00
Total Overheads Costs		$1,182.30
	TOTAL COST	$6,265.92

*Please kindly note that the downtime (days) is just an estimate.

*Please undersign to acknowledge this repair estimate.

Prepared by: JEFFREY LEONG, Senior Foreman, Ulu Pandan Workshop, Bus Engineering

Signature:

Date: 26/09/2022

Surveyor Name & Contact: Steve (LKK)

Signature :

Date: 26/9/22, 12.39pm

m L
P/P
5 BL y
2 yr

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: