A.S.S. REC. BY: Steve CS/AIS7200908/Ewy3

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
XX	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SMV 9993P Yr Regn: 30/6/21

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

Make: Mercedes-Benz E200 c.c 1991

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

Sp.Reading 160C9 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDB2130802A968674

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/45R18

R: 11

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	7/9/21	D.O.I.	4/10/22

Survey held at Premium

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

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

Date / Time	Action / Instruction
	MV-218X

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL

Report Format : _____

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

PREMIUM AUTOCARE

24 BENOI SECTOR, SINGAPORE 629857
TEL : 6474 3323 FAX : 6264 6786
EMAIL: CLAIMS@PREMIUMAUTOCARE.COM.SG

ESTIMATE	:	ACCIDENT REPAIRS
WORKSHOP	:	24 BENOI SECTOR
CONTACT NO	:	6474 3323
FAX NO	:	6264 6786
REFERENCE	:	PAC/OD/0064/2022/GW
DATE	:	14-Sep-22
WIP	:	

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

ALLIANZ INSURANCE SINGAPORE PTE LTD
79 Robinson Road
#09-01
Singapore 068897

ATTN: MOTOR CLAIMS DEPT
Tel: 6297 2529 Fax: 6297 1956

OWNER'S NAME	:	MR. FAT SIONG TJIA
ADDRESS	:	9A PASIR RIS DRIVE 4 #02-20 SINGAPORE 519463
TELEPHONE	:	(HP) 94882551
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	SP2001903858-01
VEHICLE NO	:	**SMY 9993 P**
MODEL CODE	:	MERCEDES E200
MODEL YEAR	:	30/9/2021
ENGINE NO	:	
CHASSIS NO	:	W1K2130808A968674
MILEAGE	:	-
DATE IN	:	
ESTIMATED BY	:	ALLAN WU
ACCIDENT DATE	:	7-Sep-22
PLACE OF ACCIDENT	:	CHANGI VILLAGE RD

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PREMIUM AUTOCARE
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TEL : 6474 3323 FAX : 6264 6786
EMAIL: CLAIMS@PREMIUMAUTOCARE.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMY 9993 P

S/N	NATURE OF JOBS			ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR.	S/N	$	100.00	X
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM AND WIRE HARNESS FOR TAIL LIGHTS.	S/N	$	100.00	80
3	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		$	600.00	300
4	TO RESPRAY REAR BUMPER AND REAR LID.		$	600.00	200
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	$	100.00	/
	TOTAL LABOUR CHARGES	:	**$**	**1,500.00**	

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMY 9993 P

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES S/NETT	REMARKS
1	REAR LID ~ OK	1	$ 3,600.00	
2	REAR LID LOGO ~ NC	1	$ 70.00	
3	REAR LID EMBLEM ' E200 ' ~ NC	1	$ 120.00	
4	REAR LID HANDLE STRIP ?	1	$ 250.00	
5	REAR LID CHROME TRIM ~ OK	1	$ 220.00	
6	REAR LID WEATHER STRIP X	1	$ 350.00	
7	REAR BUMPER X	1	$ 3,725.00	
8	REAR BUMPER SIDE GUIDE - LH / RH X	2	$ 265.00	
9	REAR PLATE NO. ~ CNT	S/N	$ 60.00	
10	SUNDRIES ?		$ 300.00	
	TOTAL PARTS CHARGES	:	**$ 8,960.00**	
	TOTAL LABOUR CHARGES Cost + 10% by Invoice	:	**$ 1,500.00**	
	GRAND TOTAL	:	**$ 10,460.00**	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED
SPARE PARTS ARE SPECIAL NETT.

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PREMIUM AUTOCARE

24 BENOI SECTOR, SINGAPORE 629857
TEL : 6474 3323 FAX : 6264 6786
EMAIL: CLAIMS@PREMIUMAUTOCARE.COM.SG

NAME	:	Steve (LKK)
SURVEYED DATE	:	4/10/22, 10.30a.
AUTHORISED DATE	:	
EXCESS COST	:	OD - 4 AL
LIABILITY	:	
REMARKS	:	Excess-? P/P, My Bk. Cy, 3 days

PLEASE NOTE : **THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LAOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY. FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH KHAI AT TEL: 6474 3323 FOR APPOINTMENT.**

YOURS FAITHFULLY,
PREMIUM AUTOCARE CENTRE

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:

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

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