

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SBS 6326Y Yr Regn: 2/1/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes-Benz Ciano 0530cc ~~7700~~ **6374**
 Colour: Multi-colour A/C: Insured / Std / NI / NA
 Sp. Reading ~~613074~~ **601307** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WE862808373123806
 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 / Rrim or _____
 Tyre Size: F: 295/80R19.5
 R: ''

N/S	O/S
	<input checked="" type="checkbox"/>

Remark: The veh had commenced its repair at the time of inspection.

Bel. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

SS / 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. 9/10/19 D.O.I. 11/10/19
 Survey held at Tower Trans
 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
	final fig \$3581.07, 3 days. (Red \$2458.45, 41%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) 20/10 Typist
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 1

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

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

Report Format: _____
~~_____~~ / I.C.S. (\$) 3581.07

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	07:14HRS
ACCIDENT DATE	09-Oct-22
BUS CAPTAIN NAME	PETER CHEN SIAO HUI
THIRD PARTY CLAIM AGAINST	SMRT BUS / MSFCL

BUS REG. NUMBER	SBS6326Y
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	OS TAIL LAMP / NR	1	\$ 949.12
2	OSR BUMPER (CITARO) / NR	1	\$ 746.18
3	FOGLIGHT (LAMP) / NR	1	\$ 60.22
4	SIDE MARKER LIGHT / RV	1	\$ 74.60
5	DOWEL (ANCHOR) / NR	1	\$ 4.40
		7% GST	\$ 128.42
		PARTS TOTAL COST	\$ 1,962.94

SECTION 2 : LABOUR COST - ASSESSMENT / REPAIR / SPRAY PAINT

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- • ITEM NOS 1 - 5	650 \$ 1,950.00
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • RADIATOR FLAP ACCESS DOOR	1200 X \$ 975.00
SPRAY PAINTING :- • RADIATOR FLAP ACCESS DOOR • OSR CORNER BUMPER	\$ 1,280.00
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST \$ 294.35
	LABOUR TOTAL COST \$ 4,499.35

SECTION 3 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

Steve (LKK)
11/10/22, 10-900
m n
3 by'

DATE IN	9-Oct-2022
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	SD
LOSS OF USE COST	

M R L y
PIP

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

SUMMARY	
SECTION NO.	COST
1	\$ 1,962.94
2	\$ 4,499.35
3	\$ -
TOTAL	\$ 6,462.29

Acknowledged by Repairer
Signature:
Date: