

ASS. REC. BY:

Steve

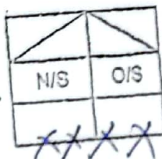
CC4/LPC 22 010621/Pa3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s _____
 oi _____
 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.



Est. or Market Value: _____
 IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

MV-16K

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

2)

Repair Formet:

Lump Sum / LBS: (\$)

Veh No: YN43085 Yr Regn: 11/12/13
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Isuzu NPR85 c.o. 1999
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading 420050 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JAA NPR85 410 7100 420
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 185R15
 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. 25/10/99 D.O.I. 8/11/92
 Survey held at Cheng Auto
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + PS. \$

Prices

Others

TOTAL

Add Fee:

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



Reporting Centre 5 Soon Lee Street, #01-60 Pioneer Point, Singapore 627607
Workshop 5 Soon Lee Street, #01-62 Pioneer Point, Singapore 627607
Spray-painting 1 Soon Lee Street, #06-41 Pioneer Centre, Singapore 627605
Office: 6631 0707 Fax: 6316 2431 Email: cab@chengauto.com Cheng Auto Bodyworks Singapore



Date: 26 October 2022

REPAIR DETAILS		
REFERENCE		
Vehicle Reg. No.	YN4308S	
Make & Model	ISUZU / NPR85UH5AC	
Chassis No.	JAANPR85HD7100420	
Engine No.	4JJ11A8520	
Manufacture Year	2013	
TP Vehicle Reg. No.	XD2756J	
DOA & Location	25/10/2022	ALONG AYE

ESTIMATES OF PARTS

No.	Description	Qty	Price
1	TAILLAMP / BR	1	\$ 256.40
2	TAILLAMP BRACKET LH / BR	1	\$ 102.56
Sub-Total (\$\$)			\$ 358.96
SAAA List Item Discount 15% (\$\$)			\$ 53.84
Total Parts (\$\$)			\$ 305.12

LABOUR

No.	Description	Price
1	LABOUR	\$ 2,000.00 300
2	SPRAYPAINTING	\$ 400.00 200
3	WELDING ARGON TO DOOR HANDLE	\$ 400.00 X
Total Labour (\$\$)		\$ 2,800.00

MISCELLANEOUS ITEMS

No.	Description	Qty	Price
1	REAR DOOR STAINLESS STEEL FRAME / BT		\$ 7,500.00
2	REAR DOOR HINGE / BT	4	\$ 800.00
3	REAR DOOR GASKET 12 M / N/C		\$ 2,350.00
4	REAR RUBBER STOPPER X		\$ 220.00
5	REAR DOOR FIBER RH X		\$ 800.00
6	REAR DOOR FIBER LH / BR		\$ 800.00
7	REAR DOOR LOCK ASSY STAINLESS STEEL / BT		\$ 1,500.00
8	DESIGN COMPANY STICKER DOOR RH / N/C		\$ 1,200.00
9	DESIGN COMPANY STICKER LH / N/C		\$ 1,200.00
10	REAR PROTECTOR BAR / BT		\$ 1,800.00

11	NO PLATE	X		\$	40.00
12	STICKER 60 KM	/	MC	\$	15.00
13	SEALANT	/	MC	\$	400.00
Total Miscellaneous Items (\$\$)					\$ 18,625.00

Total Parts (\$\$)	\$	305.12
Total Labour (\$\$)	\$	2,800.00
Total Miscellaneous (\$\$)	\$	18,625.00
Total (\$\$)	\$	21,730.12
GST 7% (\$\$)	\$	1,521.11
Grand Total (\$\$)	\$	23,251.22

Steve CLKK)
 8/11/22, 12:00pm
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 10 & d/s

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: