

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLM 69972
at Workshop m/s 2nd Ave

of

Insured: FB29361R

Policy No.

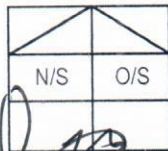
Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value: \$56k

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: 760c
Vehicle: IN / OUT

LTA 26900

Veh No: SLM 69972 Yr Regn: 07/04/17

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel / Hybrid c.c. 1496

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

Sp. Reading: 251106 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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 A/Rim or

Tyre Size: F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

Rear n/s.

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

Date / Time Action / Instruction 27/1/16.

1/5 \$2400 (Red \$4338, 64%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format: MER-TP

Lump Sum / I.B.I. (\$) 2400)

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

VEHICLE NO. SLM 6997Z

HONDA VEZEL

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYORS ADJUSTMENT
<u>PARTS (LIST ITEMS)</u>				
1	Rear bumper	762	20/12 1542.00	✓
2	Rear bumper side retainers @124.00	56	1/5/20 248.00	12 C
1	LHS Rear bumper reflector		12 128.00	X
1	LHS Rear fender	REPAIR/PAINT	12 0.00	X
1	LHS Rear fender wheel arch garnish	180.20	70.11 298.00	✓
1	LHS Rear fender inner splash shield	REFIX	12 0.00	X
1	LHS Rear mud flap		12 92.00	X
1	LHS Rear bumper side	235.40	70.11 542.50	✓
1	Rear Tailgate	REPAIR/PAINT	12 0.00	X
1	LHS Taillamp	480.60	320 982.00	✓
			3832.50	
less 20%			766.50	20%
			3066.00	
<u>SPECIAL NETT ITEMS</u>				
1set	Rear bumper clips		12 80.00	40
1set	LHS Rear fender wheel arch garnish clips		12 60.00	X
1set	LHS Rear fender inner shield clips		12 60.00	X
1	LHS Rear sports rim		627 980.00	500
1	Reverse sensor	REFIX	12 0.00	X
1	Rear tailgate H badge		12 36.00	X
1	Rear tailgate RS emblem		12 48.00	X
1	Rear tailgate HYBRID emblem plate		12 98.00	X
TOTAL PARTS			4428.00	

not Aulhant
 6/12/22
 2/6 2400/
 4 days
 take phl Aft 14-

VEHICLE NO. SLM 6997Z HONDA VEZEL

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYORS ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; and replace damaged parts & components	1000.00	400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired (rear tailgate)	1000.00	600
4	To check wiring system at accident damaged areas and check for proper function	90.00	20
5	To remove and refix reverse sensors and check for proper function	100.00	40
6	To conduct computerised wheel alignment test	120.00	60
Labour Total :		2310.00	
TOTAL (PARTS & LABOUR):		6738.00	

PRELIMINARY ESTIMATE

NOTE: The parts listed in this preliminary estimate will be checked for damage after the vehicle is disassembled (dismantle). Additional damaged parts (if any) will be submitted as supplementary parts

LKK Auto Consultants hence notify the Repairer of the following:

- To be done before/after any painting
- To identify damaged parts & estimate a way
- 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 & is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

P-1714.2
208
1371.36
540
1120
3031.31
297
2425

16