

ASS. REC. BY:

REF: ASM / 22012985 / Tap3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s PBS

of 3 Yio Chu Kang Crescent

Insured: 84256323

Policy No. 653M

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 Rpt: _____ 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

Date: _____ Person Contacted: Nurizman Vehicle: IN / OUT

Veh No: SG 5182 M Yr Regn: 2016, Jan

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

Truck / Trailer or

Make: Volvo B9T1 c.c. 9364

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

Sp. Reading: 415818 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: yv354p9206A175168

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or

Tyre Size: F: 275 / 70 R22.5

R: ~ ~ (D)

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

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 18/12/2

Survey held at

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

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

Rear

R/Bal. 8/8 mm

L/Bal. 8/8 mm

D.O.I. 30/12/2022

Date / Time	Action / Instruction
<u>27/3/23</u>	<u>Submit Preli report : \$ 1516 and 2 days</u>

Date/Time, File Pass to?

1) 27/3/23

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 (\$)

Survey Fee:

Transportation:

S - RS. SI

Fuel/OS

Others

TOTAL

Report Format :

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

Accident Repair Estimate

Accident Date: 18/12/2022 Bus Registration Number: SG 5182 M
 Accident Time: 1305 HRS Bus Type: Volvo B9TL Eu5, DD, AC, 3 Axle
 Accident Report Number: AR-2022-4231 Date of Survey: 30/12/2022
 3rd Party Claim against: SHD 8511 Z TAXI Date of Registration: 02/01/2016

Section A

Parts and Material Cost				
No.	Parts or Item Description	Unit Price	Quantity	Total Cost
1	LED LICENSE PLATE LAMP	\$ 21.00	2	\$ 42.00
2	NUMBER PLATE RECESS PAN;EXT.RR	\$ 168.00	1	\$ 168.00
3	RUBBER BUFFER;EXTERIOR REAR	\$ 48.00	1	\$ 48.00
4	PANEL.REAR BUMPER.O/S	\$ 160.00	1	\$ 160.00
5	SPRAY PAINT- GREEN;600ML;SG BUS	\$ 0.05	600	\$ 30.00
6	SIKAFLEX 255 EXTRA BLACK (400 ML/SAU)	\$ 12.50	1	\$ 12.50
7	POLYESTER PUTTY KANDE (2.5LT)	\$ 17.50	1	\$ 17.50
Total Parts & Material Cost				\$ 478.00

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Section B

Assessment/Repair/Spray paint (labour Cost)		
NO.	Description	Cost
1	TO REMOVE / REPLACE / REPAIR DAMAGE PARTS / ASSESSMENT BY WORKSHOP	\$ 188.00
2	TO REMOVE / REPLACE / REPAIR DAMAGE PARTS BY CONTRACTOR	\$ 750.00
3	TO REMOVE / REPLACE / REPAIR DAMAGE ADVERTISEMENT/GREEN LIVERY PANEL	\$ 100.00
Total Labour Cost		\$ 1,038.00

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Section C

Summary			
NO.	Description	Quantity	Cost
1	TOTAL REPAIR COSTS		\$ 1,516.00
2	TOTAL DOWNTIME (DAYS)	2	\$ 842.62
3	TOWING COST		\$ -
4	TOTAL OVERHEADS COSTS = TOTAL REPAIR COST x 30%		\$ 454.80
TOTAL COST			\$ 2,813.42

DAILY RATE-WSD=\$421.31

SURVEYOR ACCEPTANCE

NAME: _____
 DATE: _____
 SIGN: _____
 HP NO: _____
 E-MAIL: _____
 COMPANY: _____

SBST VERIFICATION

Nurizman Yusoff
 Technical Officer
 (DID) 63754264/ (HP) 84256323 | nurizmanby@sbstransit.com.sg
 Bus Engineering | Seletar Depot
 3 Yio Chu Kang crescent(S786010)

2 days

SBST Transit



A member of COMFORTDRIVE

NURIZMAN BIN YUSOFF
 TECHNICAL OFFICER
 SELETAR BUS WORKSHOP

[Handwritten Signature]

31 DEC 2022