

ASS. REC-BY: Toufiah

REF: EC4/MIS.23.000044/T 293

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 OD / TP / VS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____
 (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 Report _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: Mustafa Vehicle: IN / OUT

Veh No: PD 5906 Yr Regn: 2022 / Aug
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yutong ZK 6126 C.C. 6690
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 40172 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: LZJTA 9E60 21025183
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: NB / S/Rim / STD A/Rim or _____
 Tyre Size: F: 275 / 70R22.5
 R: ~ ~ (D)
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
 TOYO / YOKO or Double Coin
 Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 8/8 mm
 D.O.A. _____ D.O.L. 5/1/23
 Survey held at WTS
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Fnt N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

2) _____
 Report Format: _____
 Laptop Sum / I.B.A. / f: _____

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

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

WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163
Company Registration Number: 200505706E

Quotation

DATE: 29/12/22
VEHICLE NO: PD590C
DRIVER:
ATTENTION TO:
PREPARED BY: Mustapa Bin Awang

LOCATION: Gul Workshop
Q REF NO: Q22/12/1329
DEPARTMENT: WTS Bus Department
ACCIDENT DATE:
REF No: JW/1222/073

S/N	Description	Qty	Cost per Unit	Amount S\$
Spare Parts				
1	L/H/F FOG LAMP PANEL	1	66 448	479.36
Labour Costs				
1	RENEW L/H/F FOG LAMP PANEL	1	120 240	256.80
Spray Paint				
1	Spray Painting	1	300 400	428.00
	TO RESPRAY L/H/F PANEL			
TOTAL:				1,164.16
Total Amount				SGD 1,164.16

Remarks:
LOU 4 DAYS

Mustapa
22/12/22

Thomas *29/12/2022*

448
16% - 403.20
120
300

823.20

*2% 411.650**

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

Taufik 97495749/62563561
5/1/22 @ 11am

Taufik @ 11am

3 days

L/S Resurvey after repair

1 / 1

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:

Surveyor Sign: *Taufik*

Surveyor Name: *Taufik*

Date: *5/1/22 @ 11am*

97495749