

ASS. (EC. BY):

REF: CS/EQI 23000982 / Awp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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.

N/S	O/S

Bal. or Market Value: _____

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: _____ Vehicle: IN / OUT

Veh No: SMS75447 Yr Regn: 2020, March.

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

Truck / Trailer or

Make: Honda Shuttle c.c. 1496

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

Sp. Reading: 61874. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK82102615 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/45R17.

R: 205/45R17

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

TOYO / YOKO or Ottima.

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 01/03/23

*Survey held at MG Solution.

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

Front n/s.

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

Date / Time	Action / Instruction
	TP EQ.
20/03/2023	Finalise 4/s \$2,700 @ 04 days (Red \$3,446.96/56%)
	MV:
	PV:
	Nett:

292D

Date/Time, File Pass to?

20/03/2023

1) Typst

2) _____

: Preli. Report

: Final Report

Days Of Repair: 04

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. SI

Photos

Others

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech. Inve (\$ _____)

Report Format: TP

Final Sum / I.P.F. / C: 4/s \$2,700

MG SOLUTION PTE LTD

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Reg. No: 201427944N

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TO	: EQ	DATE	: 1-Mar-23
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SMS7544Y		
MODEL	: HONDA SHUTTLE 1.5G		GR 82102615
CHASSIS NO	:		Xin Yu.
<u>ACCIDENT DETAILS</u>	DATE : 20-Jan-23		
	TIME : 11:00HR		
THIRD PARTY REQUESTOR / CONTACT	: JACK LI		

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER <i>Debond</i>	1	\$ 1,150.60	\$ 1,150.60
2	FRONT BUMPER SIDE RETAINER <i>He m</i>	2	\$ 62.40	\$ 124.80
3	FRONT HEAD LAMP <i>Crushed</i>	1	\$ 2,455.60	\$ 2,455.60
4	FRONT HEADLAMP LOWER BRACKET <i>He m</i>	1	\$ 75.20	\$ 75.20
5	FRONT FENDER <i>Dented, Repair</i>	1	\$ 520.00	\$ 520.00
6	FRONT FENDER EMBLEM <i>New New</i>	1	\$ 90.00	\$ 90.00
7	FRONT FENDER INNER COWLING <i>He m</i>	1	\$ 180.00	\$ 180.00

3221
2576.80

TOTAL PRICE	\$ 4,596.20
LESS 20%	\$ 919.24
SUB TOTAL PRICE	\$3,676.96

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIP (SET) <i>New</i>	1	\$ 20.00	\$ 20.00
2	FRONT FEDNER INNER COWLING CLIPS(SET) <i>He m</i>	1	\$ 20.00	\$ 20.00

TOTAL \$20.00

20

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED

1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	\$	1,000.00	400	
2	TO SPRAY PAINT AFFECTED AREA	\$	1,000.00	400	
3	TUFF COAT	\$	100.00	30	
4	WIRING CHECK	\$	250.00	30	
5	CONDUCT WATER LEAKAGE TEST	\$	100.00	X	
TOTAL			\$2,450.00		

860

ESTIMATE REPORT

TOTAL PARTS COST : \$3,696.96
 TOTAL LABOUR COST : \$2,450.00
 TOTAL REPAIR COST : \$6,146.96

Adrian Lj

n/s 01/03/23.

APPROVED DETAILS

EXCESS :
 NO. OF WORKING DAYS :
 RE-SURVEY :
 PART BY PART OR LUMP SUM :
 DATE & TIME OF SURVEY :
 SURVEYED BY :
 CONTACT NUMBER :
 FAX NUMBER :

04 Days.

total: 3456.80

n/s: 2.7K

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