

ASS. REC. BY:

REF:

A15/ 23001118/KP

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Car Times

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: 8112k

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 2 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: PNG 39412 Yr Regn: 07, 22

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

Truck / Traller or

Make: Honda Shuttle c.c. 1498

Colour: M. P. White A/C: Insured / Std / NI / NA

Sp. Reading: 10738 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GKP 2202481

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or

Front 8 mm Rear 8 mm

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 31/12/22 D.O.I. 9/2/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>20/12</u>	<u>11 Day @ 10501 Carlot 515/03</u>

Date/Time, File Pass to? : Prell. Report : Final Report

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

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

Survey Fee:	
Transportation:	
S - RS. SI	
Penalty	
Others	
TOTAL	

Report Format : _____ Lump Sum / I.B.I. (\$) _____

Not Authorized
LI Pay @ 1050h
Running After Party
2day

VEHICLE NO: SNG3941L
CHASSIS NO: GK8-2202481

MODEL: HONDA SHUTTLE

DESCRIPTION		REPAIRER'S ESTIMATE(S\$)
<u>PARTS (LIST ITEMS)</u>		
REAR BUMPER <i>1085</i>		<i>RM</i> \$ 1,210.00 ✓
REAR BUMPER RETAINER RHS		\$ <i>RM</i> 60.00 X
REAR BUMPER REFLECTOR RHS		\$ <i>RM</i> 80.00 X
REAR BUMPER REFLECTOR COVER RHS		\$ <i>RM</i> 50.00 X
TAIL LAMP RHS		\$ <i>RM</i> 500.00 X
REAR FENDER RHS		\$ <i>R</i> 910.00 X
END PANEL		\$ <i>R</i> 460.00 X
		\$ 3,270.00
	20%	\$ 654.00
		\$ 2,616.00
<u>SPECIAL NETT ITEMS</u>		
REAR BUMPER CLIPS 1 SET		\$ <i>RM</i> 60.00 ✓
REAR SENSORS		\$ <i>RM</i> 200.00 X
	Total	\$ 260.00
TOTAL PARTS		\$ 2,876.00

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:

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	
	<u>LABOUR</u>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 1,600.00	<i>2000</i>
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 1,600.00	<i>2200</i>
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ 100.00	<i>100</i>
4	To provide anti-rust treatment on affected areas	\$ <i>na</i> 100.00	<i>X</i>
5	Dignostic Check	\$ <i>na</i> 100.00	<i>X</i>
	Labour Total :	\$ 3,500.00	
	TOTAL (PARTS & LABOUR):	\$ 6,376.00	