

ASS. REC. BY: Taufikh

REF: CS/CT/23003563/TP3

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: SKA 8607L
 Policy No. DMPCSNW00219672201
 Claims No. SNM23D202497/C02/TANKL
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SBS19Z Yr Regn: 2015/Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: V2/V0 B9TL c.c. 1400
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 499784 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GV 3S4P924 GA/75822
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: NI / S/Rim / STD A/Rim or _____
 Tyre Size: F: 275/70R22.5
 R: 275/70R22.5
 BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
 TOYO/YOKO or Fireenza
 Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 8/8 mm
 D.O.A. 23/3/2023 D.O.I. 6/4/23
 Survey held at Boxfresh
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

(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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: Thomas
 Vehicle: IN / OUT

Date / Time	Action / Instruction
10/5/23	Taufikh confirmed final fig \$700 (Red 500, 41%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 10/5/23-typist
 Rep. Format: Merimen
 Lump Sum / L.S. / F. \$700

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____



Boxfresh Pte Ltd

7030 Ang Mo Kio Ave 5 #06-49
 Northstar @AMK Singapore 569880
 Tel : 64585441 Fax : 64553470

Vehicle No : SBS19Z
 Model No : Volvo
 B9tl

Accident date : 23th Mar 2023
 Registered owner : Go Ahead Singapore Pte Ltd
 Date of Estimate : 05/04/23

My Ref : BF-IC-1127

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/alter 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:

Total Charge

Parts Repair (2 days)

- a) Repair of front OS corner bumper
- b) Repair of front OS battery panel
- c) Sand, putty and make good of affected area
- d) Painting of affected parts (3 parts)

S\$400 300
 S\$800 400

2700
 2 days

Taufik 97495749
 WP 6/4/23 @ 2:30pm
 Resurvey after repair
 Taufik @ Khantoum

Subtotal S\$ 1200
 Total Charge S\$ 1200
 GST 8% S\$ 96
 Total Bill S\$ 1296

BOXFRESH PTE LTD
 WORKSHOP: 154 GUL CIRCLE SINGAPORE 629611
 OFFICE: 7030 ANG MO KIO AVE 5 #06-49 NORTHSTAR SINGAPORE 569880
 T: +65 64585441 • F: +65 64553470 • E: business@boxfresh.com.sg • W: www.boxfresh.com.sg