

(08/11/13) wef

REF:

CS/FC12303839/4943

ASS. REC. BY: Marcus

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: EE 6666D

at Workshop m/s NPH

of _____

Insured: SG 3045P

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: \$88k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: 179 51497

Veh No: EE 6666D

Yr Regn: 18/12/15

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

Truck / Trailer or CA /

Make: Lexus NX300H c.c. 2494

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

Sp. Reading: 86520 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTJBIRB2002021633

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: 225/60 R18

R: _____

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

TOYO / YOKO or

Front 6

Rear 6

R/Bal. mm

R/Bal. mm

L/Bal. mm

L/Bal. mm

D.O.A. 12/04/23

D.O.I. 14/4/23

Survey held at _____

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

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

Date / Time

Action / Instruction

Reg 21k.

heavily \$5217.00

18/4/23 L/S \$ 7200 informed MR NG (Red \$ 6172.99, 46%)

Date/Time, File Pass to?

1) 20/4 179 51497

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$) 7200



NPH AUTO SERVICE

Block 9005 Tampines Street 93 #01-246/254 Singapore 528839 Tel: 67840663 (8 Lines) Fax: 67840692
GST Reg No: MX-0869103-NO Business Reg No: 394773/00D
E-mail: nphauto@pacific.net.sg



Your Ref :
Our Ref : TP0043/04/23
M/S :
THIRD PARTY CLAIM
GOH WHYE YEN DEENA
123 CLEMENTI AVEUNE
SINGAPORE 467125

Page : 1/2
Date : 13/04/2023

Attn :
Dear Sir/Madam

RE: ACCIDENT REPAIR ON : EE6666D - LEXUS NX300H
INSURED : GOH WHYE YEN DEENA
DATE OF ACCIDENT : 12/04/2023
POLICY NO : D300083656QMY

ENGINE# : 3 dry S.
CHASSIS# : 244986884122

not allowed
du
array
14/4/23
1/5 = 7200

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & TO BE REPLACED:

		Qty	U/Cost	U/Price	Total
			\$	\$	\$
Replacement of Parts					
1	front headlamp assy ^{NIS} holder cre	1@	4599.00	4599.00	4,599.00
2	front bumper ^{Dep cur}	1@	1062.00	1062.00	1,062.00
3	front bumper signal lamp ¹¹	1@	2040.00	2040.00	2,040.00
4	front bumper side retainer ^{NIS} Berl	1@	125.40	125.40	125.40
5	front fender ^{IN NIS} 1209.00	1@	1435.00	1435.00	1,435.00
6	front fender wheel arch panel ^{garnish}	1@	226.00	226.00	226.00
7	front fender inner cowling ^{garnish}	1@	189.40	189.40	189.40
8	front fender inner cowling clip ¹¹	8@	5.00	5.00	40.00
9	front sport rim ^{NIS} cur/wagend ^{12005/N}	1@	3114.30	3114.30	3,114.30
					12,831.10
Less 10%					-1,283.11
Total Material					\$11,547.99

Labour & Misc

- 1 Remove & install f/headlamp[, f/grille, f/bumper, f/fender, wheel arch panel garnish, knock headlamp support panel, wheel house panel and restraighten body.
- 2 Spray painting.
- 3 Check wiring system.
- 4 Resett wheel camber alignment.

480 900.00
600 800.00
20 25.00
60 100.00
1,825.00

Total Labour

Nett Total Before Gst

\$1,825.00
\$13,372.99

LKKKK 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:

27410.18
102
6669.16
1200
1160
928.10