

(08/11/13) wef

ASS. REC. BY: 7/11/13

REF:

CC4/AIS23004140/RP23

9434

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: GBJ 1201Dat Workshop m/s ETHO2of 30, BAKER PARK CRESCENTInsured: AIS

Policy No. _____

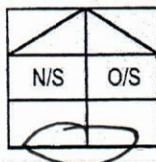
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 68K

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: _____

Vehicle: IN / OUT

Veh No: GBJ 1201D Yr Regn: 2019 JAN

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

Truck / Trailer or

Make: SUZUKI NHR87AK c.c. 1898Colour: Red A/C: Insured / Std / NI / NASp. Reading: 151627 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAPAN HR 876 J71070256

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 155R13C D/D

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

TOYO / YOKO or MAX/MILLAR

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 09/04/23

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

REPAIR LIMIT - SIK

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS _____ SI

Photos

Others

TOTAL

Report Format: _____

Lum Sum / I.B.I: (\$ _____)

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

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh

CLAIM DEPARTMENT

DID : 66547519

FAX :

Date : 19/04/2023

To : ALLIANZ INSURANCE SINGAPORE PTE. LTD.

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 09/04/2023

Vehicle No : GBJ-1201-D

Make & Model : ISUZU NHR87AUE4AA 1.9 G (M) EURO 6

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
Special Nett Item			
1	REAR ALUMINIUM CABIN BOX DOOR RH <i>bt</i>	500.00	350 ✓
2	REAR ALUMINIUM CABIN DOOR HINGES RH <i>bt</i>	220.00	150 ✓
1	REAR ALUMINIUM CABIN BOX DOOR LH <i>bt</i>	500.00	350 ✓
1	REAR CABIN BOX SIDE PILLAR RH <i>bt</i>	400.00	200 ✓
1	REAR CABIN BOX LOCK ARM LEVER <i>repair</i>	280.00	X
1	REAR CABIN BOX LOCK LEVER HOLDER RH <i>mis</i>	80.00	40 ✓
2	REAR END PANEL RUBBER DAMPER RH/LH <i>bro</i>	200.00	120 ✓
1	REAR END PANEL <i>bt</i>	500.00	300 ✓
1	REAR ADVERTISEMENT PANEL <i>new</i>	350.00	300 ✓

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	70 KM/HR <i>acc</i>	10.00	<i>/</i>
1	13 PAX STICKER <i>acc</i>	10.00	<i>/</i> 1830
	Sub Total	3050.00	
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	600.00	<i>/</i> 500
	TO RESPRAY AFFECTED AREAS	600.00	<i>/</i> 500
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	<i>X</i> 1000

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Sub Total

1230.00

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:

4,280.00

Remarks:

6 days / Lump sum

SUB TOTAL

GST 8.0 %

342.40

TOTAL

4,622.40

Surveyor's name:

RASUL - Hp 9000068

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

20/04/23 @ 1600