ASS. REC. BY: Kenneth | REF: CTL / 23004533/KNY3 | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Thiam HLG

of 8748

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 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: SLC 3322T Yr Regn: 05, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SA

Make: Hig Forte K3 c.c 1591

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

Sp.Reading 75787 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFX411MG5598341

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: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	29/4/23	D.O.I.	3/5/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
/	GIA & EM not ready
7/6	1/Sump @ 1350 Control (Red. @ 4160. 60, 76%)

Date/Time, File Pass to? 1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Survey Fee: _____

Transportation: $ - RS. SI

Parking

Others

TOTAL

Repair Estimate

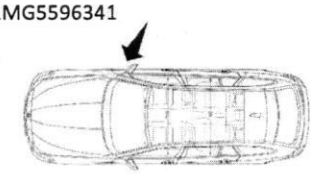
Not authorised
c/Rsvy & 1350/-
Resurvey After Paint
3 days

Thiam Heng Huat Pte Ltd

176 Sin Ming Drive #05-14 Sin Ming Autocare Singapore 575721
Mobile: 82636295 Email: thiamhenghuat@gmail.com

Make/Model: KIA CERATO K3
Engine/Chassis No.: KNAFX411MG5596341
Date of accident: 29.04.23
Damaged area: O/S

Date 03/05/2023
Claim Type: TP
VFN: SLC3322T



List items

S/N	Parts description	QTY	UNIT PRICE	AMOUNT
1	Front door o/s	1	$ 1,225.00	$ 1,225.00
2	Front door glass o/s 452	1	$ 662.00	$ 662.00
3	Front door window channel o/s	1	$ 104.00	$ 104.00
4	Front door window moulding o/s	1	$ 65.00	$ 65.00
5	Front fender o/s	1	$ 852.00	$ 852.00
6	Wing mirror o/s	1	$ 485.00	$ 485.00
7	Wing mirror outer cover o/s 142	1	$ 226.00	$ 226.00
8	Wing mirror signal lamp o/s	1	$ 195.00	$ 195.00
9	Wing mirror glass o/s	1	$ 138.00	$ 138.00
			Subtotal	**$ 3,952.00**
			List discount	20.00%
			Total	**$ 3,161.60**

Special nett items

No.	Parts description	QTY	UNIT PRICE	AMOUNT
1	Front door inner trim board clips o/s	10	$ 5.50	$ 55.00
2	Front door glass solar film o/s	1	$ 200.00	$ 200.00
3	Front fender cowling clips o/s	8	$ 5.50	$ 44.00
4	Sundries	1	$ 50.00	$ 50.00
			Total	**$ 349.00**

Labour

No.	Description	Work unit	Amount
1	To dismantle / renew the accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	5	$ 1,000.00
2	To disconnect front o/s door wire harness and electrical component to facilitate repairs, reconnect and check functions of power window.	0.5	$ 100.00
3	To rust proof all affected portions after repair.	0.5	$ 100.00
4	Supply spray paint material and necessary items to respray affected area / panel.	4	$ 800.00
		Total labour	**$ 2,000.00**

Estimate Grand Total	**$ 5,510.60**

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: