

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/ A152300204349p3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SNE9987B

at Workshop m/s ESVOLVE Auto

of _____

Insured: SJ219697

Policy No. _____

Claims No. _____

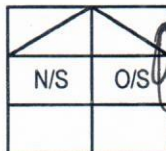
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**



Bal. or Market Value: \$155k.

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

Date: _____ Person Contacted: 1396 Vehicle: IN / OUT
1466422

Veh No: SNE9987B Yr Regn: 30/107/20

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

Truck / Trailer or CA / AMGLINE

Make: mer Benz CLA180 c.c. 1332

Colour: white A/C: **Insured / Std / NI / NA**

Sp.Reading: 76058 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: WDD1183842N014710

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:** 225/45ZR18

R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 20/04/23 D.O.I. 18/05/23

Survey held at _____

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

015 Body

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

Date / Time	Action / Instruction
<u>23/5/23</u>	<u>done video of folder</u>
<u>24/5/23</u>	<u>2400 informed Bertrand (led \$ 7294.50, 75%)</u>

Date/Time, File Pass to?

1) 24/5/23

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 : MEM-TP

Lump Sum / I.B.I. (\$) 2400)

EEVOLVE AUTO

1 KAKI BUKIT AVENUE 6
AUTOBAY@KAKIBUKIT #02-25
SINGAPORE 417883

not Authorized
acc
d/s # 2400 /
telephone # 14-
3 days

VEHICLE

NUMBER PLATE

SNE9987B

MODEL

MERCEDES CLA

CHASSIS

WDD1183842N014710

nett item

ITEMS				
	DESCRIPTION	QTY	RATE	AMOUNT
1	Front right door <i>Body</i>	1	\$1,965.50	\$1,965.50
2	Rear right door <i>2</i>	1	\$1,965.50	\$1,965.50
3	Front door weatherstrip <i>new</i>	1	\$216.00	\$216.00
4	Rear door weatherstrip <i>17</i>	1	\$216.00	\$216.00
5	Front bumper bracket <i>17</i>	1	\$94.20	\$94.20
6	Front headlight RH <i>17</i>	1	\$3,568.40	\$3,568.40
7	Font bumper <i>SCR new</i>	1	\$1,725.60	\$1,725.60
8	Front bumper retainer RH <i>17</i>	1	\$74.50	\$74.50
9				
ITEMS TOTAL				\$9,825.70
TOTAL -10%				\$8,843.13

SPECIAL NETT				
	DESCRIPTION	QTY	RATE	AMOUNT
1	Front right rim <i>SWC</i>	1	\$950.00	\$950.00
2	Door clip set <i>17</i>	2	\$50.00	\$100.00
3	Bumper clip set <i>17</i>	1	\$45.00	\$45.00
4				\$0.00
SPECIAL NETT ITEMS TOTAL				\$1,095.00

LABOUR				
	DESCRIPTION	QTY	RATE	AMOUNT
	Panel beating, repair work and replace	1	\$750.00	\$750.00
	Spray painting	1	\$750.00	\$750.00
	To transfer door inner components	1	\$200.00	\$200.00
	To transfer headlight modules, components and bulbs	1	\$80.00	\$80.00
	To transfer bumper components, trims, parking assist system	1	\$150.00	\$150.00
	To perform components recalibration and reprogram	1	\$250.00	\$250.00
LABOUR TOTAL				\$2,180.00

TOTAL REPAIR COST

\$12,118.13

TOTAL LUMP SUM (-20%)

\$9,694.50

LOST OF USE

3 4 DAYS

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:

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