

ASS. REC. BY: Tajjith

REF: CS/SCD23005256/TUP

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: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: tbq

(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 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 / 24 HRS

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

Veh No: XE 5178C Yr Regn: 1

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

Truck / Trailer or _____

Make: Scania c.c _____

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

Sp. Reading: 10538 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Y52P4X200K2159029

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: 315/70R22.5

R: ~ ~ (D)

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

Front R/Bal. 8 mm Rear R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. _____ D.O.I. 24/5/23

Survey held at 91 Ubi Ave 4

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

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

Date / Time	Action / Instruction
	No GIA, Estimate given when survey.

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Rep. Format: _____
Lump Sum / B.B. ()

SCOPE OF WORK

- 1 To provide labour, materials, transportation, tools and parts and others deemed necessary to carry out the following repairs:

VEHICLE TYPE	PL	REGISTRATION NO	XE 5178 C	REPAIR TYPE	ACCIDENT
MAKE/MODEL	SCANIA	UNIT	STN 21	CONTRACTOR	INDECO

S/N	ITEM DESCRIPTION	PARTS					LABOUR		TOTAL MAN-HOUR COST (\$)	
		PARTS QTY	PARTS COST PER UNIT (\$)	MARK UP RATE	PARTS COST PER UNIT (\$) AFTER MARK UP	TOTAL PARTS COST (\$) AFTER MARK UP	MAN-HOUR RATE (\$)	MAN-HOUR QTY		
SCOPE OF REPAIRS										
A	Labour									
1	To Dismantle Entire LH Side Compartment for Damage Repairs						12		\$1,236.00	
2	To Dismantle Locker 1 Slider Track for Damage Repairs						20		\$927.00	
3	To Dismantle No 1 Roller Shutter for Damage Repairs						4	✓	\$247.20	
4	To Cut & Weld Locker 1 Pillar						40	24	\$2,472.00	
5	To Cut & Weld Locker 1 Front Body Bottom Frame						48	32	\$2,966.40	
6	To Cut & Weld Angle Support for Bottom Frame						35	20	\$2,163.00	
7	To Cut & Weld Damage LH Rear Mudguard Step						35	20	\$2,163.00	
8	To Replace Damage Swing Down Support Brackets						28	20	\$1,730.40	
9	To Replace Damage Shelf Support Base & Support Brackets						20	12	\$1,236.00	
10	To Realign & Panel Beat Rear LH Wheel Arch						18	12	\$1,112.40	
11	To Putty & Spary Paint Damage Rear LH Wheel Arch						10	8	\$618.00	
12	To Replace Damage No 1 Roller Shutter						4	✓	\$247.20	
SUB TOTAL								277	\$17,118.60	✓

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:

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22/05/15

744.60
494.40
1485.20
1977.60
1255
1255
1255
744.60
494.40