ASS. REC. BY: Taufik | REF:

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: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SMB 31245 Yr Regn: 2015 / May

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

Make: MAN NL 320F c.c 10518

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

Sp.Reading 503 775 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA27Z70F 7002667

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: (N.F) / S/Rim / STD A/Rim or _____

Tyre Size: F: 245/70R22.5

R: ~ ~ (D)

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.		D.O.I.	25/5/23

Survey held at Seletar Bus Depot

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.E.I: ($ _____)

Survey Fee:	
Transportation:	
$ + RS $	
Photos	
Others	
TOTAL	

Accident Repair Estimate

Accident Date:	14/03/2023	**Bus Registration Number:**	SMB 3124 S
Accident Time:	06 : 50 HRS	**Bus Type:**	MAN A22 EU5, SD, AC, 2 Axle
Accident Report Number:	AR-2023-1407	**Date of Survey:**	25/05/2023
3rd Party Claim against:	SG 6080 S TTS	**Date of Registration:**	04/05/2015

Section A

Parts and Material Cost

No.	Parts or Item Description	Unit Price	Quantity	Total Cost
1	MIRROR SYSTEM O/S.FRT FRP.E5|N	$ 542.00	1	$ 542.00
2	STKR;3M SCOTCHLITE FLUOR DIAMOND GRD|N	$ 2.00	1	$ 2.00
			Total Parts & Material Cost	$ 544.00

Section B

NO.	Assessment/Repair/Spray paint (labour Cost)		
1	TO REMOVE / REPLACE / REPAIR DAMAGE PARTS / ASSESSMENT BY WORKSHOP		$ 188.00
2	TO REMOVE / REPLACE / REPAIR DAMAGE PARTS BY CONTRACTOR		$ -
3	TO REMOVE / REPLACE / REPAIR DAMAGE ADVERTISEMENT/GREEN LIVERY PANEL		$ -
		Total Labour Cost	$ 188.00

Section C

NO.	Summary			
1	TOTAL REPAIR COSTS		$ 732.00	
2	TOTAL DOWNTIME (DAYS)	1	$ 378.66	DAILY RATE-WSD=$378.66
3	TOWING COST		$ -	
4	TOTAL OVERHEADS COSTS = TOTAL REPAIR COST x 30%		$ 219.60	
		TOTAL COST	$ 1,330.26	

SURVEYOR ACCCEPTANCE

NAME: _____
DATE: _____
SIGN: _____
HP NO: _____
E-MAIL: _____
COMPANY: _____

SBST VERIFICATION

Nurizman Yusoff
Technical Officer
(DID) 63754264/ (HP) 84256323 | nurizmanby @sbstransit.com.sg
Bus Engineering | Seletar Depot
3 Yio Chu Kang crescent(S786010)

SBS Transit

A member of ComfortDelGro

NURIZMAN BIN YUSOFF
TECHNICAL OFFICER
SELETAR BUS WORKSHOP

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:

Taufiq 97497469
25/5/23
1 day