

ASS. REC. BY:

REF:

C721 23005036/kep

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ City Ave

of _____ 5356

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: SLR1527R Yr Regn: 01, 17

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

Truck / Trailer or

Make: Toy AMIS c.c. 1598

Colour: M. Red AC: Insured / Std / NI / NA

Sp. Reading: 37642 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO53REH 404555594

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/45R17

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

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

D.O.A. 29/5/23 D.O.I. 5/6/2023

Survey held at _____

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

Tom NJ

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
1	GIA & En not in wksp.
12/6	@ 3700.03 Cahw

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

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation

S - RS - SI

Expenses

Others

TOTAL

Report Format :

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



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202306-000024(00)

Date : 01/06/2023

Vehicle No. : SLR1527R

Make/Model : TOYOTA COROLLA ALTIS 1.6 CVT

CHINA TAIPING INSURANCE (S) PTE LTD

NO. 3
ANSON RD
SPRINGLEAF TOWER
SINGAPORE 079909

Mileage (km) : 0

Chassis No. : MR053REH104555594

Accident Date : 29/05/2023 00:00:00

Claim No. : GBD2089L

Reference : JO202306-0041

Policy No. : G300092334MCY

Contact : -

Fax No. : 62247175

*NOT Withheld
at 3700.03
Money After Paint
2 days*

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Front bumper <i>639.80</i>	1.0	639.80	639.80 <i>B1</i>
2	Front bumper reinforcement	1.0	480.20	480.20 <i>R</i>
3	Front bumper retainer	2.0	102.60	205.20 <i>as dir</i>
4	Front LH headlamp <i>3604.30</i>	1.0	3,604.30	3,604.30 <i>cm</i>
List Total :				4,929.50
25% Discount S\$				1,232.37
				<u>3,697.13</u>
LABOUR :				
- To check wiring and lighting		1.0	50.00	50.00 <i>2d</i>
-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts		1.0	600.00	600.00 <i>20d</i>
- Spray painting on affected & replace parts		1.0	600.00	600.00 <i>22d</i>
				<u>1,250.00</u>

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:

Total S\$: 4,947.13
GST 8% S\$: 395.77
Amount Due S\$: 5,342.90

for CITY AUTO PTE LTD