

ASS. REC. BY:

REF:

C72/ 210010039/Kc

C

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. _____

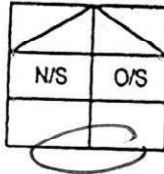
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STP 6932KYr Regn: 03, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HyundaiA/C: 1591Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 478389

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM14DU 41BR94 726943Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: Rapid 195/65R15R: CST

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 7 mmL/Bal. 9 mmL/Bal. 7 mmD.O.A. 25/9/21D.O.I. 28/9/2021

Survey held at _____

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

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

Date / Time Action / Instruction

29/9 21 Lnp 83200 Conf

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

NGS AUTOMOTIVE

Blk 10 Ang Mo Kio Ind. Pk 2a #02-01 AMK AutoPoint Singapore 568047

QUOTATION

No. : QT-09343

CHINA TAIPING INSURANCE (S) PTE LTD
MOTOR CLAIMS DEPT
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Your Ref. :
Our Ref :
C. C. :
Date : 28/09/2021
Page : 1 of 2

TEL :

FAX : 6224 7478

5 days

Description	Qty	U/ Price S\$	Amount S\$
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ACCIDENT ON 25/09/21 @18:25HRS INVOLVING SJP6952K/GBG6982R
CLAIMS AGAINST GBG6982R (CHINA TAIPING)

REPLACEMENT PART: HY AVANTE

REAR BUMPER	1	478.29	R ₁ 478.29 ✓
REAR BUMPER REINFORCEMENT	1	270.20	not done 270.20 X
REAR BUMPER LOWER BRACKET	3	22.40	not done 67.20 ✓
REAR BUMPER SPONGE 110	1	149.00	CMA 149.00 ✓
REAR BOOT LID 851	1	985.50	R ₁ 985.50 ✓
REAR BOOT GARNISH	1	75.60	R ₁ 75.60 X
REAR BOOT INNER LOCK	1	118.00	R ₁ 118.00 ✓
TRUNK RUBBER	1	79.30	36.95 SN not done 79.30 50 SN
BOOT LID LAMP RH/LH	2	198.00	not done 396.00 ✓
TAILLAMP RH/LH	2	287.83	not done 575.66 ✓
PAN, LUGGAGE SPARE TYRE PANEL	1	878.50	R ₁ 878.50 X
END PANEL	1	369.00	R ₁ 369.00 ✓
END PAEL GARNISG	1	73.83	not done 73.83 ✓
TOTAL			4,516.08
LESS 20%	1	-903.22	-903.22
PARKING SENSOR S.NETT	1	280.00	200 SN 280.00
CLIPS, REAR BOOT/TRUNK S.NETT	20	3.50	not done 70.00 ✓
NO PLATE WITH CASING S.NETT	1	50.00	R ₁ 50.00 X
To remove all damaged parts with all necessary components/ attachments. Straighten chassis member, repair/reshape dented. body panel in accordance with factory specifications. Replace/reposition damaged parts, refit align into Refix all necessary components/attachment.	1	1,200.00	800 1,200.00
SPRAY PAINTINT	1	1000.00	800 1000.00

NGS AUTOMOTIVE

QUOTATION

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Page : 2 of 2

TEL : FAX : 6224 7478

Description	Qty	U/ Price S\$	Amount S\$
TO CHECK WIRING/PROPER FUNCTION ON LIGHT AND ETC.	1	40.00	40.00
'BADGE' EMBLEM	1	36.40	36.40

LKK Auto Consultants hence notify
the Repairer of the following:

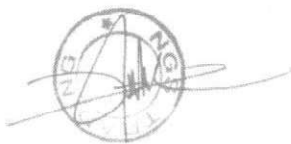
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Any other parts which necessitate repair or renewal will incur additional charged.
Please contact our Ms Evelyn @ HP 96955547 to arrange for survey. Thank you.

Total **5,389.26**

Yours faithfully,



EVELYN