

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:

3

days

Res.: Yes or No

Lum Sum:

1-3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) ___ S + RS ___ SI

) Photos

) Others

)

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

)

11/06/14 LTA \$45183 have G.A
P/P \$950 confirmed with Alan

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No : 20-0006262-D

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:

not follow
then
P/P \$ 950/
3 days. 8/12/21

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Estimate : 22670

Date : 03.11.2021

Vehicle Num : SKV 1000Y

Make/Model : HYUNDAI AVANTE

Chassis/Engine no :

Accident Date : 03.11.2021

Claim No : 1121-22670

Reference :

Policy No :

Qty	Particular	Amount S\$
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List Item :

1 pc	Rear fender LH	\$ R	1,892.00 X
1 pc	Rear fender quarter garnish LH	\$ 11	207.00 X
1 pc	Rear bumper side retainer LH	\$ 11	40.30 X
1 pc	Rear fender lower stone guard sticker	\$ 11	47.20 X
List Item Total :		\$	2,186.50
Discount 20% :		\$	437.30
		\$	1,749.20

Special Nett Item :

1 set	Rear windscreen glass sealant	\$ 11	80.00 X
1 set	Reversing sensor	\$ 11	450.00 X
		\$	530.00

Labour Charge :

Apply anti rust chemical	\$ 11	60.00 X
Remove and refix rear windscreen glass	\$ 11	150.00 X
Remove and refix cushion seat & upholstery etc & rear fender trim	\$ 60	250.00
Remove and refix petrol tank	\$ 11	80.00 X
Apply body painting coating	\$ 250	800.00
Remove & refix and renew the above mentioned part, cut & welding etc	\$ 400	650.00
Respray painting	\$ 200	550.00
Remove & refix & renew reversing sensor	\$ 40	150.00
	\$	2,690.00

E & O . E \$ 4,969.20