

ASS. REC. BY: Taufik

REF: CS/SMR24120077/Tv h3

### 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: SHD 6351G  
 Policy No. \_\_\_\_\_  
 Claims No. TAX/12/24/2010  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

|                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N/S                                 | O/S                      |
| <input type="checkbox"/>            | <input type="checkbox"/> |

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Turn Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 288B Yr Regn: 2019, 10  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Box / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai cc 1580  
 Colour: Yellow A/C: Insured / Std / NI / NA  
 Sp. Reading: 355471 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLC851CV24178681  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modl: M11 / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/65R15  
 R: ~

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

Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 4/12/2024 D.O.I. 5/12/24  
 Survey held at Ping An

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

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

| Date / Time | Action / Instruction                           |
|-------------|--|
| 12/12/24    | LS \$900 confirmed by email (Red 1022.04, 53%) |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |

Date/Time, File Pass to?

☐ : Prell. Report  
☐ : Final Report

i) \_\_\_\_\_  
 Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Re-survey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS. \$ \_\_\_\_\_

|  |
|--|
|  |
|  |
|  |
|  |

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

04/12/2024 20:09

JOB-NO: 50116597

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

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ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHC0288B

TRANS: AUTO

CHASSIS: KMHCB851CVLU178681

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU362972

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

| DESCRIPTION   | QTY  | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|---|------|--------------|----------|------------|-----|----------|-----------|
| <u>LABOUR</u>   |      |              |          |            |     |          |           |
| 1 STRAIGHT AND PANEL BEAT ACCIDENT AREA                         | 1.00 | 400.00       | 0.00     | 400.00     |     | Y        | 200       |
| 2 SUNDRIES  | 1.00 | 50.00        | 0.00     | 50.00      |     | Y        | X         |
| 3 DIAGNOSTIC(CLEAR FAULT CODE) & CHECK WIRING & LIGHTING SYSTEM | 1.00 | 180.00       | 0.00     | 180.00     |     | Y        | X         |
| 4 RESPRAY FRONT BUMPER  | 1.00 | 250.00       | 0.00     | 250.00     |     | Y        | 200       |
| 5 RESPRAY FRONT BUMPER CENTER MOULDING                          | 1.00 | 200.00       | 0.00     | 200.00     |     | Y        | 50        |
| 6 RESPRAY FRONT BUMPER DAYLIGHT COVER LH                        | 1.00 | 150.00       | 0.00     | 150.00     |     | Y        | X 50      |
| TOTAL:  |      | 1,230.00     | 0.00     | 1,230.00   |     |          |           |
| <u>MATERIALS</u>  |      |              |          |            |     |          |           |
| 1 FRONT BUMPER  | 1.00 | 430.90       | 86.18    | 344.72     | L   | Y        | de        |
| 2 FRONT BUMPER CENTER MOULDING                                  | 1.00 | 284.90       | 56.98    | 227.92     | L   | Y        | int       |
| 3 FRONT BUMPER DAYLIGHT COVER LH                                | 1.00 | 93.00        | 18.60    | 74.40      | L   | Y        | int       |
| 4 FRONT BUMPER CLIP SET   | 1.00 | 45.00        | 0.00     | 45.00      | S   | Y        | rel 30    |
| TOTAL:  |      | 853.80       | 161.76   | 692.04     |     |          |           |
| TOTAL PARTS & LABOUR :  |      | 2,083.80     | 161.76   | 1,922.04   |     |          |           |

EXCESS/LOADING:\$ 0.00

No. Of Day: 2

RE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 5 / 12 / 24 @ 5pm.

SURVEYED BY: Tanfkin

tanfkin@lkkauto.com

CONTACT NO: 97495749

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED  
60190078

Ding Auto User 1

ESTIMATOR  
STA AUTOCENTRE

TEL:

FAX:

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:

G-STAR-WI-ET-001-02-Rev00