

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SHA 4495-D

at Workshop m/s

Comfort Del

of

Insured:

SKU 1199M

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
	B

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Lim

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 4495-D

Yr Regn:

8/19

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

Truck / Trailer or

SAI

Make:

Hyundai ACIONIQ

c.c

1580

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

119906

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCB85/CVKU165194

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65 R 15

R:

Westlake

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

TOYO / YOKO or

Front

5

Rear

5

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

25/11/20

D.O.I.

26/11/20

Survey held at

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

Rear

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

Date / Time

Action / Instruction

21/11/20 confirmed C/P & 14/11/20 with MR Lim.

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 (\$

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305435479
 REGN NO : SHA4495D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 06.08.2019
 DATE/TIME IN : 25.11.2020 11:15
 ACCIDENT DATE : 25.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52	De ✓
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	na ✓
0003 04-01-0104-2533-G	IONIQV2-4 MOULDING ASSY-R	1 L	451.25	20.00	361.00	delone ✓
0004 04-01-0104-2545-G	IONIQVC MOULDING-REAR BUM	1 L	155.00	2.00-	155.00	2 X
0005 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	180.00	0.20	180.00	2 X
0006 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	0.02-	50.00	na ✓
0007 FNPS	NO PLATE(S) WITH TRIM COV	1 N	55.00	0.00	55.00	ene ✓

SUB-TOTAL : 1,186.12

JOB NATURE

0000 L	PANEL BEATING	350.00	- 320
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	- 200
0002 20-22	REMOVE/REFIX REVERSE SENSOR	80.00	- 40
		SUB-TOTAL :	680.00

not Authorized
 Hille
 marcus HP90096608

26/11/20
 P/P 14/11/20

thru phone before repair. 2 days

Email - marcus@hilleauto.com

P. 93265
 202
 746.12
 14/11/20

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JOB NO : 305435479
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MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 06.08.2019
DATE/TIME IN : 25.11.2020 11:1
ACCIDENT DATE : 25.11.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,866.12

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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: