ASS. REG. BY. File

A/G

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Comfort Loyang

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

N/S	O/S

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC1718X Yr Regn: 5 Jul 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or

Make: Toyota Prius 1.8 c.c 1798

Colour: Blue A/C: Insured / Std / NI / NA

Sp.Reading: 494977 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB3FU403560634

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: "

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

	Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. D.O.I. 05-03-21 4:30pm

Survey held at W/S

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

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

Date / Time	Action / Instruction
	No Body Injured.

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Wasted Trip ($)

Survey Fee:

Transportation:

___S + RS ___SI

Photos

Others

Total

Report Posted

Long Form / Mobile

M
INE

Liberty AIG

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.03.2021
Time: 15:36:55
Page: 1

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

JOB NO	:	305456979
REGN NO	:	SHC1718X
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	19.07.2017
DATE/TIME IN	:	05.03.2021 13:00
ACCIDENT DATE	:	04.03.2021

JOB / PARTS DESCRIPTION	QTY	IND UNIT-PRICE	DISC%	AMOUNT	
PART REQUISITION					
0001 04-01-0302-2292-A COVER FRONT BUMPER	1	499.90	25.00	374.92	/ CA
0002 04-01-0302-2267-G BUMPER PIECE	10	22.00	25.00	16.50	/ NC
0003 04-01-0302-0574-A FENDER SUB-ASSY FRONT LH+	1	945.30	25.00	708.97	X
0004 04-01-0302-2297-G EMBLEM SIDE PANEL (HYBRID	1	86.50	25.00	64.87	X } NA
0005 04-01-0302-2834-G LINER FRONT FENDER LH	1	198.50	25.00	148.87	X
0006 04-01-0302-2815-G UNIT ASSY HEADLAMP LH^	1	3,455.00	25.00	2,591.25	/ SCR
0007 04-01-0302-4891-G LAMP ASSY FOG LH^	1	920.00	25.00	690.00	/ BR } photo.

SUB-TOTAL : 4,595.38

JOB NATURE

0000 L	PANEL BEATING	550.00	350
0001 23-502	SPRAYPAINT ON AFFECTED AREA	530.00	250
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	50.00	X NA

2 Days.
Lumpsum repair
After repair photos.
Eric Qiang
05/3/21

LCK 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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.03.2021
Time: 15:36:55

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

JOB NO	:	305456979
REGN NO	:	SHC1718X
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRII
DATE OF REGN	:	19.07.2017
DATE/TIME IN	:	05.03.2021 13:0
ACCIDENT DATE	:	04.03.2021

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,180.00

TOTAL : 5,775.38

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :