

ASS. REC. BY: Tang JH

REF:

INC

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. **MT/1140963-002**

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
☐	☐

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Text
Vehicle: IN / OUTVeh No: SHC 7253EYr Regn: 2016 Aug

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

Truck / Trailer or

Make: Hyundai

c.c

140Colour Yellow

A/C: Insured / Std / NI / NA

Sp. Reading 537122

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB 41 4464093571

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16R: 205/60R16

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

TOYO / YOKO or Wentlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 11/8/210430pmSurvey held at Comfort Lodge

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

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

Date / Time Action / Instruction

Lump sum 1550,2days

Red: 1291.96;45%

2841.96

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B. ()

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

NTUC - CLM (sum)

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 11.08.2021
Time: 15:44:36
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305482332
REGN NO : SHC7253E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 11.08.2021 12:40
ACCIDENT DATE : 11.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A BUMPER FRT COVER+	1	1,052.20	20.00	841.76	Rp
0002 04-01-0103-2164-A GRILLE ASSY-RADIATOR+	1	1,480.00	20.00	1,184.00	any ✓
0003 04-01-0103-2175-G SYMBOL MARK-H	1	129.50	20.00	103.60	any ✓
0004 04-01-0101-0111-G BUMPER COVER CLIP	10	22.00	20.00	17.60	any ✓
0005 28-01-0103-2028-A VEHICLE NUMBER PLATE FRON	1 N	50.00	10.00	45.00	any ✓

SUB-TOTAL : 2,191.96

JOB NATURE

0000 PB	PANEL BEATING	300.00	280
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 17-01	CHECK ALL LIGHTING	50.00	30

SUB-TOTAL : 650.00

Tanpin 17415719
WP' 11/8/21 @ 430 pm
CLB Nanyang after repair
2 days
Tanpin CLM (sum)

Pending - GLA report

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:

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305482332

OWNER

IS

OWNER NO.

RESS

(R)

(P)

COUNT CARD NO.

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

REGN NO.:

SHC7253E

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

11.08.2021 12:40

YR OF MANU.

25.08.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU093571

COMPLETION DATE/TIME:

JOB DESCRIPTION

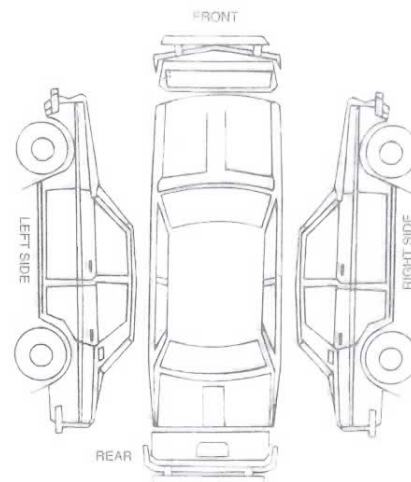
Accident Date: 11.08.2021

NATURE: 3P 11.08.2021

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.:

SHC7253E

JU NTUC LKK

Vehicle No.:

SHC7253E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard