

ASS. REC. BY: TaufikhREF: INCASSIGNMENT

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/1142962-001

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: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Lim JS

Vehicle: IN / OUT

Veh No: SH717J Yr Regn: 2016/sep

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour Blue A/C: Insured / Std / NI / NASp. Reading 679631 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL B4 / 4M6409354

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: 2 -

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 13/8/210340Survey held at Confort Agency

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

30/08/21@11.35pm Taufikh finalised with Mr Lim LS \$1750, 2 days. (Red \$950.17, 35%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 31/08 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / ~~1750~~ 1750Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATEDATE: 13-Aug-21MODEL: Hyundai i40VEHICLE NO.: SH 7117JINSURANCE: NTUC *(LKS)*MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Rear Bumper	1		\$1,106.00 <i>de</i>
	Rear Bumper Under Cover	1		\$228.00 <i>de</i>
	Rear Bumper Clips	10	\$2.20	\$22.00 <i>de</i>
	BootLid Emblem i40	1		\$67.90 <i>de</i>
	BootLid Emblem CRDI	1		\$52.40 <i>de</i>
	SUB TOTAL			\$1,476.30
	LESS 20%			\$295.26
	DISCOUNTED TOTAL			\$1,181.04
	BootLid ComfortDelGro	1		\$20.00
	BootLid 65521111	1		\$10.00
	Reverse Sensors	1		\$135.70 <i>my</i>
	SUB S/NETT			\$165.70
	LESS 10%			\$16.57
	SUB S/NETT TOTAL			\$149.13
	Rear Bumper Mat			\$50.00 <i>de</i>
	NETT TOTAL			\$50.00
	SPARE PARTS TOTAL			\$1,380.17
	Labour Charge			
	Panel Beating - BootLid			\$600.00 <i>280</i>
	Spray Painting Charge			\$600.00 <i>500</i>
	R/I Reverse Sensors			\$120.00 <i>30</i>
	TOTAL LABOUR			\$1,320.00
	ESTIMATE TOTAL			\$2,700.17

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Tanphie 97495747
'WP' 13/8/21 @ 340pm
4/5 rising after repair
Tanphie 13/8/21
2 days

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(CLSO)1

JOB CARD

Sales Order: JC NO.: 305482644

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO.: SH 7117J	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.08.2021 08:40
YR OF MANU 29.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093544	COMPLETION DATE/TIME:

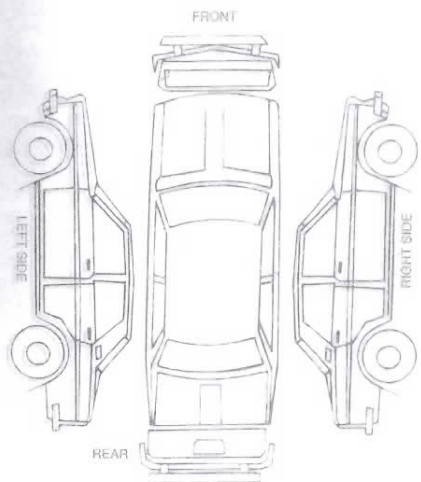
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.08.2021
NATURE: 3P 12.08.2021

S/NO LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

SH 7117J LIMITS

Vehicle No.: SH 7117J

Service Advisor Signature/Date

Name of Service Advisor Date

med to Service Reception upon collection

To be kept by Security Guard

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

FBP1083X

Date of Accident

12/08/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance NTUC Income Insurance Co-op...

Period of Insurance 03/06/2021 - 02/06/2022

Requested By Huang Xiao Yan (COMFORTDEL...

Requested Date 13/08/2021 11:02

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

SH7117J