

A.S.S. REC. BY: Tau Jkh

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/1143413-002**

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: Ms. Kate Vehicle: IN / OUTVeh No: SM 7622S Yr Regn: 2019, Nov.

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

Truck / Trailer or

Make: Hyundai i30 c.c. 1500Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 143989 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C851C164188667

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: 195/65R15R: 215

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 16/8/21Survey held at Comfort Lodge

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

N/S Rear

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

Date / Time Action / Instruction

**COR \$1622.60, 3 day.
RED2266.80; 58%)**

Date/Time, File Pass to?

☐ : Preli. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Rep. Format: _____

Lump Sum / L.B.A. (\$) _____

Days Of Repair: **3**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____) _____ S + RS _____ SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$) _____

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SH 7622S

Make : HYUNDAI

Model : IONIQ(G3)

Date: 16/08/2021

Insurance: NTUC

MVA: MS. LOKE YY

PIP

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			<i>RY</i> \$459.40
10	REAR BUMPER CLIPS			<i>hel</i> \$22.00
1	REAR FENDER LH			<i>RY</i> \$1,768.30
1	REAR BUMPER SIDE BRACKET LH			<i>7</i> \$55.80
	SUB TOTAL			\$2,305.50
	LESS 20%			\$461.10
	DISCOUNTED TOTAL			\$1,844.40
1	REAR DOOR COMFORTDELGRO APPS STICKER LH			<i>nel</i> \$80.00 <i>Nett</i>
1	REAR FENDER PETROL STICKER			<i>net</i> \$15.00 <i>Nett</i>
1	REAR BUMPER RUBBER MAT			<i>x</i> \$50.00 <i>Nett</i>
				\$65.00
	Labour Charge			
	PANEL BEATING			<i>700</i> \$950.00
	SPRAY PAINTING CHARGE			<i>6750</i> \$850.00
	TUFF KOTE			<i>x</i> \$60.00
	REMOVE/ REFIX CUSHION & UPHOLSTERY REAR			<i>60</i> \$120.00
	TOTAL LABOUR			\$1,980.00
	ESTIMATE TOTAL			\$3,889.40

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.

Tanpin 97415749
WP 16/8/21 0420pm
P/P Resurvey new parts
Tanpin C/Chantray
3 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:

Date/Time: 16.08.2021 12:52

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4108780

JC NO.: 305483000

CUSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

TEL (R) 65508755

(O)

(P)

SCOUT CARD NO

REGN NO.:

SH 7622S

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN

16.08.2021 08:51

YR OF MANU

14.11.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU188667

COMPLETION DATE/TIME:

JOB DESCRIPTION

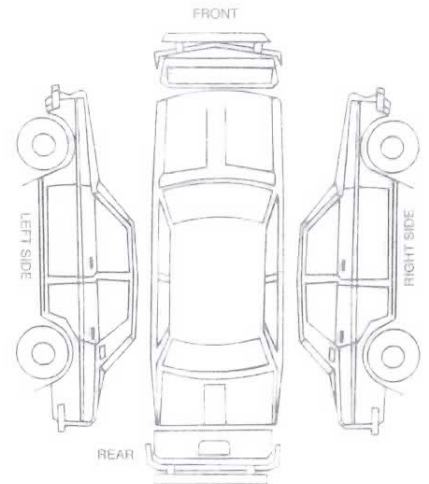
Accident Date: 15.08.2021

NATURE: 3P 15.08.2021

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Ref:

Job No.:

SH 7622S

YY

Exit Pass

Vehicle No.:

SH 7622S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard