

REC BY: Theravan

NTUC

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. _____

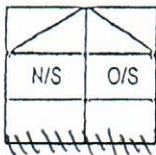
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA7750y

Yr Regn: 27/8, 2020

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

Truck / Trailer or

Make: Hyundai

c.c. 1580

Colour: blue

A/C: Insured / Std / NI / NA

Sp. Reading: 169087

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RMHCRS/CULU189064

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SIR / STD A/Rlm or

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. S

mm

R/Bal. S

mm

L/Bal. S

mm

L/Bal. S

mm

D.O.A. 26/8/21

D.O.I. 27/8/21

Survey held at Comfort

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

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

Date / Time

Action / Instruction

NO GIA given

Date/Time File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: W/S&I (\$

Survey Fee:

Transportation:

____ S + RS. ____ SI

Pinus

Classe

Final

Request Form:

Signature: _____

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

NTUC-CP(P)
Date: 27.08.2021
Time: 10:33:21
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 : 305484307
REGN NO : SHA7750Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 27.08.2020
DATE/TIME IN : 27.08.2021 08:10
ACCIDENT DATE : 26.08.2021

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	28-01-0104-2029-A	VEHICLE NUMBER PLATE REAR	1 N	50.00	10.00	45.00	✓cra
0002	04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	Xr
0003	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	✓cut
0004	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	✓nec
0005	04-01-0104-1150-A	PROTECTOR MAT	1 N	50.00	2.00-	50.00	X SVC
0006	04-01-0104-2370-G	LAMP ASSY-REAR FOG	1	201.50	20.00	161.20	X SVC

SUB-TOTAL : 1,002.32

JOB NATURE

0000 PB	PANEL BEATING	400.00	350
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 L	REMOVE/REFIX REVERSE SENSOR	80.00	30

Thuan Lkh
27/8/21 1615
thuan@lkhauto.com 82235769
P/P bfr ~~repair~~ photo
paint
2 days w/p

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: 27.08.2021 10:23

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4111738

JC NO.: 305484307

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(R)

(P)

DUNT CARD NO.

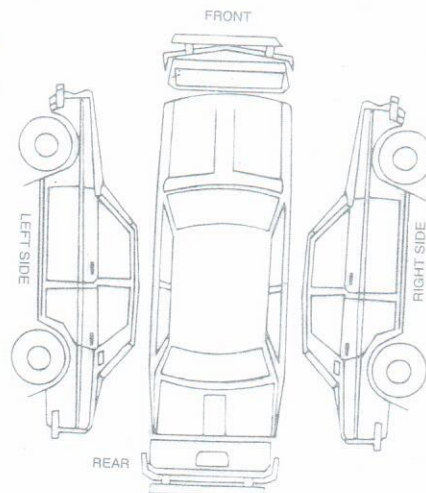
REGN NO.: SHA7750Y	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 27.08.2021 08:10
YR OF MANU. 27.08.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU189064	COMPLETION DATE/TIME:

Accident Date: 26.08.2021
NATURE: 3P 26.08.2021

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA7750Y

JU NTUC LKK

Vehicle No.:

SHA7750Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

hed to Service Reception upon collection

To be kept by Security Guard