

ASS. REC. BY: Tang JH

REF:

INC

CS/INC21010499/T1uc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 6575T

at Workshop m/s _____

of _____

Insured: SJK 491P

Policy No. _____

Claims No. MT/1147336-002

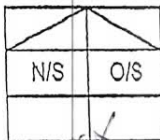
Sum Insured: _____ Excess: _____

(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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

WP

Latency week

Veh No: SHA6575T Yr Regn: 2020, March

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

Truck / Trailer or

Make: Hyundai Lona C.C. 1580

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

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

Eng/No: _____

C/No: KM HCS1CVLH190067

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: 195/65R15

R: 22

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

TOYO / YOKO or Wentlake

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 11/10/21

Survey 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 Latency week

Confirmed P/P \$1,587.62, 2 repair days.

(RED \$668.44; 30%)

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

1) 21/10 TYPIST ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Repair Cost: \$1,587.62

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS. ____ SI

Photos

Others

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA6575T

Make : HYUNDAI

Model : IONIQ(G2)

Date: 09/10/21

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			de \$459.40
10	REAR BUMPER CLIPS			uec \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			de \$451.25
1	REAR BUMPER REINFORCEMENT			? \$394.80
1	ANTENNA SMARTKEY			? \$40.50
1	REAR BUMPER FOG LAMP			? \$201.50
1	LICENCE LAMP			X \$85.30
	SUB TOTAL			\$1,654.75
	LESS 25%			\$413.69
	DISCOUNTED TOTAL			\$1,241.06
1	REAR NUMBER PLATE WITH TRIM COVER	-10.00%		over \$55.00
1	REAR BUMPER REVERSE SENSOR	-10.00%		me \$180.00
				\$235.00
	Labour Charge			
	PANEL BEATING			BSU \$400.00
	SPRAY PAINTING CHARGE			250 \$300.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	TOTAL LABOUR			\$780.00
	ESTIMATE TOTAL			\$2,256.06

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.

Tuphi 97495749
 W/P 11/10/21 @ 4pm
 P/P using before paint
 Tuphi @ 11 months
 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:

Date/Time: 09.10.2021 11:31

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4127670

JC NO305489965

CUSTOMER

MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

COUNT CARD NO.

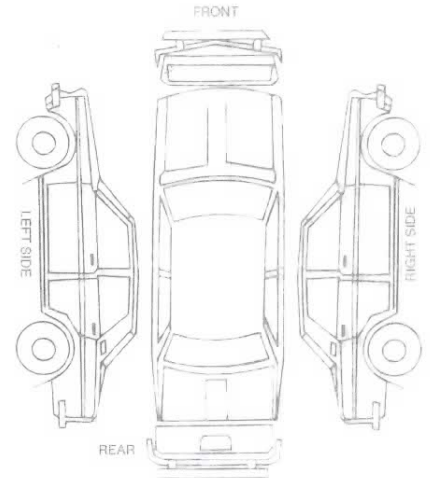
REGN NO: SHA6575T	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G3)	DATE/TIME IN 09.10.2021 09:55
YR OF MANU. 18.03.2020	TARGET DATE
CHASSIS CODE KMHC851CVLU190067	COMPLETION DATE/TIME:

Accident Date: 08.10.2021
NATURE: 3P 08.10.2021

/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.: **SHA6575T** YY

Vehicle No.: **SHA6575T**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard