

ASS. REC. BY: Tauji

REF:

INC NS/INC21010515/T1uc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 7971B

at Workshop m/s _____

of _____

Insured: SGV 2168M

Policy No. _____

Claims No. MT/1147411-002

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
X	X

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 wp

Date: _____ Person Contacted: Juman Vehicle: IN / OUT

Veh No: SHA 7971B Yr Regn: 2021 / Sep.

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

Truck / Trailer or _____

Make: Hyundai c.c. 1580

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

Sp. Reading: 2007 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CW L4193030

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westlake

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 by car

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
	Confirmed P/P \$1,595.12, 2 repair days.
	(RED \$465.84; 23%)

Date/Time, File Pass to? : Prell. Report
1) 29/10 TYPIST : Final Report
Date/Time, File Return to?

2) _____
Report Format: TP
~~Temp. Sum~~ / L.B.A.C. \$1,595.12

Days Of Repair: 2
Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
_____ \$ + RS. _____ \$	
Photos	
Others	
TOTAL	

HTUC - CP/P

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.10.2021

REPAIR ESTIMATE

Time: 15:43:07

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 : 305490274
REGN NO : SHA7971B
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 28.09.2021
DATE/TIME IN : 11.10.2021 11:15
ACCIDENT DATE : 11.10.2021

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	COVER-RR BUMPER#	1	459.40	20.00	367.52	Ry
0002	04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	de
0003	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	net
0004	04-01-0104-2288-G	BEAM-RR BUMPER	1	394.80	20.00	315.84	?
0005	04-01-0104-2545-G	MOULDING-REAR BUMPER LWR	1	155.00	20.00	124.00	Ry
0006	28-01-0104-2029-A	VEHICLE NUMBER PLATE REAR	1 N	50.00	10.00	45.00	car
0007	04-01-0104-1150-A	PROTECTOR MAT	1 N	50.00	1.00-	50.00	*

SUB-TOTAL : 1,280.96

JOB NATURE

0000	PB	PANEL BEATING	400.00	350
0001	SP	SPRAYPAINT CHARGE	300.00	250
0002	L	REMOVE/REFIX REVERSE SENSOR	80.00	80

SUB-TOTAL : 780.00

Tuplin 92495749
w/p 4/10/21 @ 430
P/P Resury new parts
2 days
Tuplin @ the harbour

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 Co.

Acknowledged by Repairer
Signature:
Date:

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4128347

JC NO305490274

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
JUNT CARD NO.

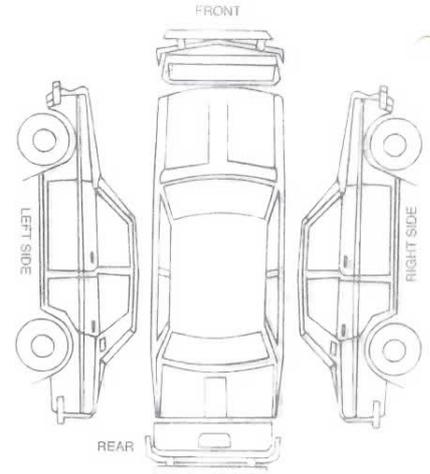
REGN NO: SHA7971B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL TONIQ(G3)	DATE/TIME IN 11.10.2021 11:15
YR OF MANU. 28.09.2021	TARGET DATE
CHASSIS CODE KMHC851CVLU195030	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.10.2021
Incident Date: 3P.11.10.2021

NO LABOR CODE

DESCRIPTION



REMOVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

Vehicle No.: **SHA7971B** JU NTUC

Vehicle No.: **SHA7971B**

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard