

NS/INC21010517/T1tc

ASS. REC. BY: Tan JiaREF: 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/1148588-001**

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: Ms LohVeh No: SHD 4314C Yr Regn: 2019, Nov.

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

Truck / Trailer or

Make: Hyundai 1.8 cc 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 240721 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C85/CV L4 189744Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / SRM / STD AJRim orTyre Size: F: 195/65R15R: 7.5

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 11/10/21Survey 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

PART BY PART \$1220.10, 2DAYS**RED:906.74;42%**

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L&L: _____

Days Of Repair: **2**

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD4314C

Make : HYUNDAI

Model : IONIQ (G3)

Date: 11/10/21

Insurance: NTUC

MVA: MS. LOKE YY

P/P

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			Rx \$459.40
10	REAR BUMPER CLIPS			uq \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			ole \$451.25
1	REAR BUMPER REINFORCEMENT			? \$394.80
1	REAR BUMPER LOWER CTR MOULDING			xR \$155.00
1	ANTENNA SMARTKEY			? \$40.50
1	REAR BUMPER FOG LAMP			? \$201.50
1	LICENCE LAMP			x \$85.30
	SUB TOTAL			\$1,482.45
	LESS 25%			\$370.61
	DISCOUNTED TOTAL			\$1,111.84
1	REAR BUMPER RUBBER MAT			x \$50.00
1	REAR NUMBER PLATE WITH TRIM COVER	-10.00%		an \$55.00
1	REAR BUMPER REVERSE SENSOR	-10.00%		mr \$180.00
				\$235.00
	Labour Charge			
	PANEL BEATING			250 \$400.00
	SPRAY PAINTING CHARGE			250 \$300.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	TOTAL LABOUR			\$780.00
	ESTIMATE TOTAL			\$2,126.84

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 97495743
 WP' 4/10/21 @ 435
 P/P Resurvey new parts
 2 days
 Tanphie Tanphie...

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: 11.10.2021 15:17

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4128342

JC NO305490272

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

UNIT CARD NO.

REGN NO.

SHD4314C

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN 11.10.2021 12:45

YR OF MANU.

14.11.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU189744

COMPLETION DATE/TIME:

JOB DESCRIPTION

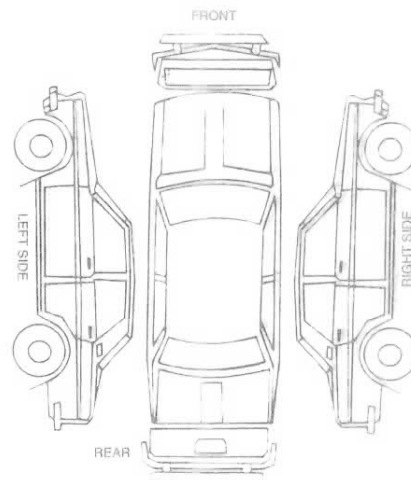
cident Date: 09.10.2021

TURE: 3P 09.10.2021

NO

LABOR CODE

DESCRIPTION



VED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHD4314C

YY

Vehicle No.:

SHD4314C

Service Advisor

Signature/Date

Name of Service Advisor

Date