

REC BY: Thevan

note: 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. MT/1146827-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ 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

Veh No: SHAT SHAI 16674 Regn: 10/12/15  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai 140 c.c. 1685  
 Colour: blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 771556 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLBULUM6U080986  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / SRIm / STD A/RIm or \_\_\_\_\_  
 Tyre Size: F: 206/60R16  
 R: 206/60R16  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or westlake  

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>13/10/21</u>	D.O.I. <u>13/10/21 1615</u>

 Survey held at Comfort  
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NO GIA given</u>
<u>22/10/21</u>	<u>Thevan finalised with Mr Chiang LS \$850, 2 days. (Red \$311, 27%)</u>

Case/Time, File Pass to?  : Prelim. Report  
 : Final Report  
1/25/10 Typist  
 Date/Time, File Return to?

Days Of Repair: 2  
 Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 : Misc/End (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
\$ + PS. SI	_____
Prints	_____
Others	_____
TOTAL	_____

Request Formed: TP  
 Date/Time: 850

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO **SHA1667U** ✓

DATE **13/110/2021 03:15**

MAKE **HYUNDAI**

MVA **CHIANG/ NTUC**

MODEL **I-40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT WING MIRROR ASSY RH			\$670.00
	<b>SUB TOTAL</b>			<b>\$670.00</b>
	<b>20.00%</b>			<b>\$134.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$536.00</b>
1	FRONT DOOR COMFORT STICKER			\$75.00
	<b>Labour Charge</b>			
	Panel Beating			\$150.00
	Spray Painting ( Frt pillar & frt door)			\$400.00
	<b>TOTAL LABOUR</b>			<b>\$550.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$1,161.00</b>
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.				

mis

wce

285120  
500 ✓  
350 ✓

Thuan @lkhauto.com  
82235769  
13/10/21 1615  
2days wp  
L/S after repair photo

**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:

Team: ARC Repair TP(CLS0)1

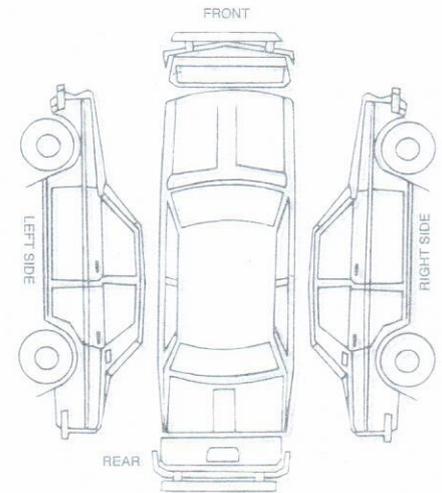
**JOB CARD** Sales Order: 4129405 JC NO 305490439

STOMER	REGN NO.: <b>SHA1667U</b>	MILEAGE
VMS <b>COMFORT TRANSPORTATION PTE LTD</b>	MAKE: <b>HYUNDAI</b>	FUEL
STOMER NO. <b>7010045</b>	MODEL <b>I-40</b>	E.....1/2.....F DATE/TIME IN <b>13.10.2021 08:40</b>
DRESS <b>383 SIN MING DRIVE</b>	YR OF MANU. <b>10.12.2015</b>	TARGET DATE
<b>Singapore SINGAPORE 575717</b>	CHASSIS CODE <b>KMHLB41UMGU080986</b>	COMPLETION DATE/TIME:
(R) <b>65508755</b> (O)		
(P)		
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 13.10.2021  
NATURE: 3P 13.10.2021

3/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.: **SHA1667U**                      **CHIANG**

Vehicle No.: **SHA1667U**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard