

ASS. REC. BY: Tau Jkh

REF: NS/ INC 21010968/T1vc

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: **FV 3626M**

Policy No. _____

Claims No. **MT/1149344-001**

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

Date: _____ Person Contacted: Aling

Vehicle: IN / OUT

Veh No: **SHC11881A** Yr Regn: **2017 July**

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

Truck / Trailer or

Make: **Toyota Prius** c.c. **1798**

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

Sp. Reading **66867** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTDKB3F4803562998**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **195/65R15**

R: **2 -**

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

TOYO / YOKO or **WEST LAKE**

Front _____ Rear _____

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

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

D.O.A. **23/10/21** D.O.I. **26/10/21**

Survey held at **Comfort 4 going**

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

Frt O/S

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

Date / Time Action / Instruction

1/11/21 LS \$1800 confirmed by email (Red 5044 54, 73%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 1/11/21-typist

Rep. Format: **TP**

Lump Sum / L.B. C: **LS \$1800**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC1188A

23/10/21

MAKE REG 26.07.2017

MODEL PRIUS G4

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER ASSY			de ✓ \$499.90
1	FRONT RH BUMPER BRACKET RH			? \$77.00
1	FRONT FENDER SHIELD RH			m ✓ \$198.50
1	FRONT HEADLAMP ASSY RH			X \$2,735.28
1	FRONT FOG LAMP RH			X \$920.00
1	FRONT WHEEL RIM			X \$1,570.55
1	FRONT FENDER EMBLEM RH			rec ✓ \$86.20
	SUB TOTAL			\$6,087.43
	25.00%			\$1,521.85
	DISCOUNTED TOTAL			\$4,565.57
1	FRONT FENDER RH ADVERTISEMENT			net ✓ \$100.00
	Labour Charge			
	Panel Beating			350 \$750.00
	Spray Painting Charge			500 \$600.00
	Reset front wheel alignment			X \$60.00
	Check Wiring			X \$60.00
	TOTAL LABOUR			\$1,470.00
	ESTIMATE TOTAL			\$6,135.57
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.				

Tanpin 97495744

WP' 26/10/21 @ 1530

L/S Resurvey after repair

2 day 1

Tanpin C/KK auto-wm

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: 26.10.2021 10:37 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: JC NO305492122

CUSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL. (R) 65508755 (O)

(P)

SCOUT CARD NO.

REGN NO.:
SHC1188A

MILEAGE

MAKE:
TOYOTA

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

MODEL
PRIUS HYBRID(G4)26.10.2021 09:35

DATE/TIME IN

YR OF MANU.
26.07.2017

TARGET DATE

CHASSIS CODE
JTDKB3FU803562998

COMPLETION DATE/TIME:

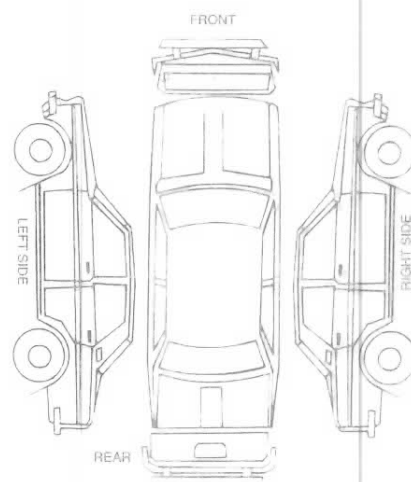
Accident Date: 23.10.2021

NATURE: 3P 23.10.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC1188A CHIANG

Exit Pass

Vehicle No.: SHC1188A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard