

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969

Our Ref : 305492656 Via Fax : Email  
Date : 30.10.21 Your Insured : SKQ 4973X  
Time of Fax : - Date of Acc : 29.10.21

Attn: Motor Claims Department

AIG

Dear, Sirs

**SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH D 4826 S**

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties involved in the accident.

In accordance to the motor claims framework, we hereby request your presence at 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:

◆ Ms. Loke Wei Yieng (yy)	Tel: 62148355 or HP: 86285336
◆ Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
◆ Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
◆ Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006

**lokewy@sparkcarcare.cc**  
**Fax no. 65468156**

If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

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.

Thank you.

Yours faithfully



For Vice President  
Taxi Accident Repair



Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305492656

CUSTOMER /MS <b>COMFORT TRANSPORTATION PTE LTD</b> CUSTOMER NO. <b>7010045</b> ADDRESS <b>383 SIN MING DRIVE</b> <b>Singapore SINGAPORE 575717</b> (R) <b>65508755</b> (O) (P)	REGN NO: <b>SHD4826S</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL: <b>IONIQ(G3)</b>	DATE/TIME IN <b>29.10.2021 12:45</b>
	YR OF MANU. <b>07.11.2019</b>	TARGET DATE
	CHASSIS CODE <b>KMHC851CVLU188373</b>	COMPLETION DATE/TIME:

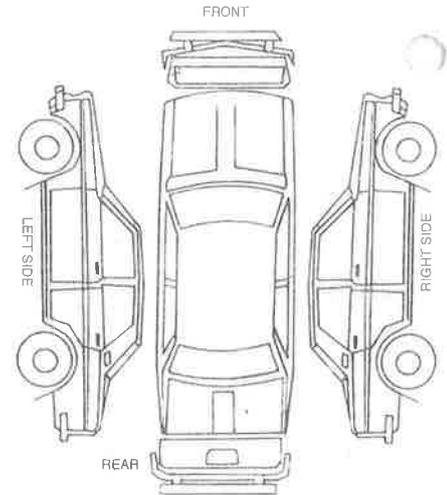
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.10.2021

NATURE: 3P.29.10.2021

3/NO                      LABOR CODE                      DESCRIPTION



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

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHD4826S**                      **YY**

Vehicle No.: **SHD4826S**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard