

ASS. REC. BY: Taufik

REF:

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/1149278-002

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

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 8426K Yr Regn: 2019 / July

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

Truck / Trailer or

Make: Hyundai i30 C.C. 1580Colour Blue A/C: Insured / Std / NI / NASp. Reading 245576 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC 851CVR.4164695Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15R: 225/65R15

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 26/10/21Survey held at Comfort Logang

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

Frt + N/S

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

Date / Time Action / Instruction

25/11/21 Taufikh finalised with Mr Ching LS \$1150, 2 days. (Red \$3569.28, 76%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 29/11 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / Fee: 1150Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

S + RS. \$

Photos

Others

TOTAL

REPAIR ESTIMATE*

VEHICLE NO SH8426K

DATE 26.10.21

MAKE REG.17.10.2019

MODEL : HYUNDAI IONIQ G2

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	FRONT BUMPER COVER			R \$430.90	
1	FRONT BUMPER BRACKET LH			X \$35.00	NN
1	HEADLAMP LH			X \$1,993.60	NN
1	FRONT BUMPER GRILLE LH			X \$186.90	NN
1	DAY LIGHT LH			X \$642.50	NN
1	FRONT WHEEL CAP COVER			X \$346.40	NN
	SUB TOTAL			\$3,635.30	
	20.00%			\$727.06	
	DISCOUNTED TOTAL			\$2,908.24	
1	FRONT FENDER ADVERTISEMENT			cut \$100.00	
	Labour Charge				
	Panel Beating			350 \$520.00	
	Spray Paint			500 \$600.00	
	Reset front wheel alignment			X \$60.00	
	Check lighting			X \$60.00	
	TOTAL LABOUR			\$1,240.00	
	ESTIMATE TOTAL			\$4,248.24	
Tanpikhi 97445749 up/ notice & pm c/s Resurvey after repair Tanpikhi & Khantaboon 2-3 days					
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.					

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 15:49

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305492125

STOMER

W/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO. 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

SCOUNT CARD NO.

REGN NO.:

SH 8426K

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN

26.10.2021 14:00

YR OF MANU.

17.07.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164695

COMPLETION DATE/TIME

JOB DESCRIPTION

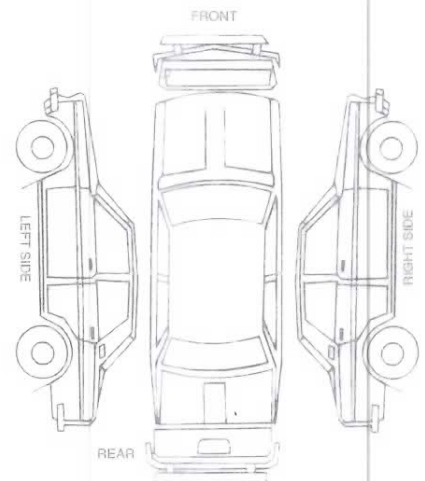
Accident Date: 26.10.2021

NATURE: 3P 26.10.2021

3/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

2:

0.:

le No.: SH 8426K

CHIANG

Vehicle No.:

SH 8426K

3 of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard