ASS. REC. BY: Tangtuh   REF: CT 1

ASSIGNMENT

From: _____ Date: _____	Veh No: **SHC8832C**	Yr Regn: **2016 March**

Estimated Cost:

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /
Truck / Trailer or

To Inspect Vehicle No: _____

Make: **Hyundai i40** . . c.c **1685**

at Workshop m/s _____

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

of _____

Sp.Reading **660867**   T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No:

Policy No. _____

C/No: **KMHLB41UMGU086759**

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or _____

Make of Veh: _____

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

Tyre Size: F: **205/60 R16**
            R: 〜

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front			**Rear**		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days   Res.: Yes or No

D.O.A. _____   D.O.I. **8/4/21**

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

Survey held at **Comfat Tr Jey**

CA / REV / REP. / 24 HRS   WP

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction

Date/Time, File Pass to?   ☐ : Prell. Report
1) _____   ☐ : Final Report

Date/Time, File Return to?
2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
__S + RS__SI
Photos
Others

TOTAL

Report Format : _____
Lump Sum / LSA ($_____)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO	**SHC8832C**	08/11/21	
MAKE	**REG 24.03.2016**		CHINA / CHMNCT
MODEL	**I-40**		

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	RHS WING MIRROR		bno	$670.00
	SUB TOTAL			$670.00
	20.00%			$134.00
				$536.00
	Labour Charge			
	Panel Beating		126 140	$150.00
	Spray Painting Charge			$100.00
	TOTAL LABOUR			$250.00
	+SHC8650K28			
	ESTIMATE TOTAL			$786.00

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.

(handwritten notes)

COMFORTDELGRO
ENGINE ERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6260 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 08.11.2021 10:18   Page : 1

Team: ARC Repair TP(CLSO)1	**JOB CARD** Sales Order: 4137868	JC NO 305493488	
STOMER	REGN NO.: SHC8832C	MILEAGE	
I/MS. COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E..............1/2..............F	
STOMER NO. 7010045	MODEL I-40	DATE/TIME IN 08.11.2021 08:35	
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 24.03.2016	TARGET DATE	
(R) 65508755 (O) (P)	CHASSIS CODE KMHLB41UMGU086759	COMPLETION DATE/TIME:	
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 08.11.2021
NATURE: 3P 08.11.2021

S/NO	LABOR CODE	DESCRIPTION
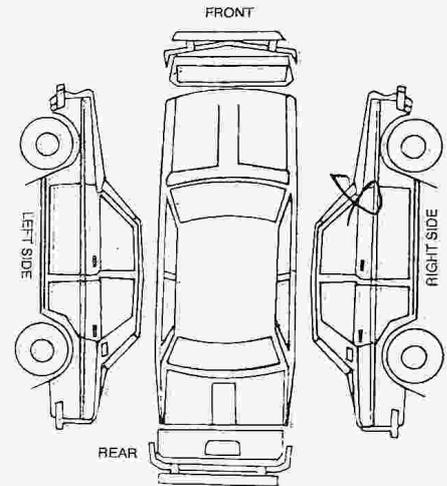
CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

o.: SHC8832C   CHIANG

Vehicle No.: SHC8832C

Service Advisor   Signature/Date

Name of Service Advisor

Date

ned to Service Reception upon collection

To be kept by Security Guard

N
NRIC NO