

ASS. REC. BY:

Tang JH

REF:

NS/INC21012760/T1vc

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: **SJL 295J**

Policy No. _____

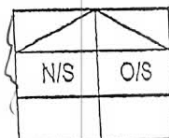
Claims No. **MT/1154365-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: _____ 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: **SHA 6610A** Yr Regn: **2018 1 Sep**

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

Truck / Trailer or

Make: **Hyundai** cc **1580**Colour **Blue** A/C: Insured / Std / NI / NASp. Reading **405792** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KM HCS5 / CV-K4 607500**

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: _____

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. **10/12/21** D.O.I. **13/12/21**Survey held at **Confit byng**

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

N/S Frt

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

Date / Time Action / Instruction

24/12/21 LS \$2900 confirmed by email (red 1789.88, 38%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/12/21-typist

Rep. Format: **TP**Lump Sum / L&A (F **\$2900**)Days Of Repair: **3**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH-A6610A

MAKE 13.09.2018 REG.

MODEL I-40

DATE 10/12/21 11:15 PM

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR LH			\$2,256.40
1	FRONT DOOR WING MIRROR RH			\$670.00
1	FRONT SIDE BRACKET			\$24.60
1	FRONT FENDER SHIELD LH			\$174.90
1	FRONT WHEEL COVER LH			\$217.20
1	FRONT FENDER LH			\$663.00
	SUB TOTAL			\$4,006.10
	20.00%			\$801.22
				\$3,204.88
1	FRONT DOOR COMFORT STICKER			\$75.00
				\$75.00
	Labour Charge			
	Panel Beating			\$600.00
	Spray painting			\$600.00
	Transfer Door Part to New Door			\$90.00
	Reset front wheel alignment			\$60.00
	Check Lighting and wiring			\$60.00
	TOTAL LABOUR			\$1,410.00
	ESTIMATE TOTAL			\$4,689.88
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.				

Tanphi 97491749
 WP 13/12/21 CYC
 4/5 Rising after repair
 Tanphi@Khanbun
 2-3 days

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: 13.12.2021 09:01 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305497566

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

DISCOUNT CARD NO.

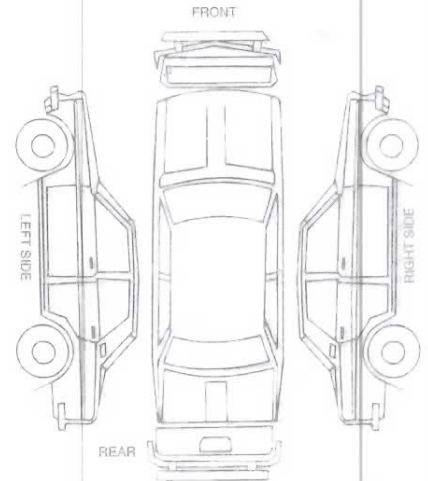
REGN NO.: SHA6610A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL: IONIQ(G2)	DATE/TIME IN 11.12.2021 01:40
YR OF MANU. 13.09.2018	TARGET DATE
CHASSIS CODE KMAC851CVKU107502	COMPLETION DATE/TIME

Accident Date: 10.12.2021
NATURE: 3P 10.12.2021

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Name:

No.:

Vehicle No.:

SHA6610A

LIMITS

Vehicle No.:

SHA6610A

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard