

NS/INC21012976/T1qc

ASS. REC. BY: TaufikREF: 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. _____

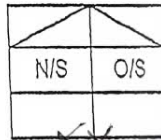
Claims No. MT/1155093-002

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: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: ms luke

Vehicle: IN / OUT

Veh No: SHA776/R.Yr Regn: 2020, Jan.

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

Truck / Trailer or

Maké: Hyundaic.c. 1580Colour Blue

A/C: Insured / Std / NI / NA

Sp. Reading 233634

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: mmk0851024/90/31

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 20/12/21Survey held at Conquest AgencyDes. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

25/12/21 Taufikh email Ms Loke final fig \$1058.10, 2 days. (Red \$998.86, 49%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 20/01 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TPLump Sum / L&A (\$ 1058.10)

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA7761R

Make : HYUNDAI

Model : IONIQ(G2)

Date: 20/12/2021

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			Ry \$459.40
10	REAR BUMPER CLIPS			ne \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			de \$451.25
1	REAR BUMPER REINFORCEMENT			? \$394.80
	SUB TOTAL			\$1,327.45
	LESS 20%			\$265.49
	DISCOUNTED TOTAL			\$1,061.96
1	REAR BUMPER RUBBER MAT			* \$50.00
1	REAR NUMBER PLATE WITH TRIM COVER	-10.00%		dis \$55.00
1	REAR BUMPER REVERSE SENSOR	-10.00%		? \$180.00
				\$235.00
	Labour Charge			350
	PANEL BEATING			\$400.00
	SPRAY PAINTING CHARGE			250 \$300.00
	REMOVE/REFIX REVERSE SENSOR			30 \$60.00
	TOTAL LABOUR			\$760.00
	ESTIMATE TOTAL			\$2,056.96

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 9749849
 up 20/12/21 @ 5pm
 2 days
 Reusing new parts
 Tanpin 2 (Kuantan)

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: 20.12.2021 10:59 Page : 1

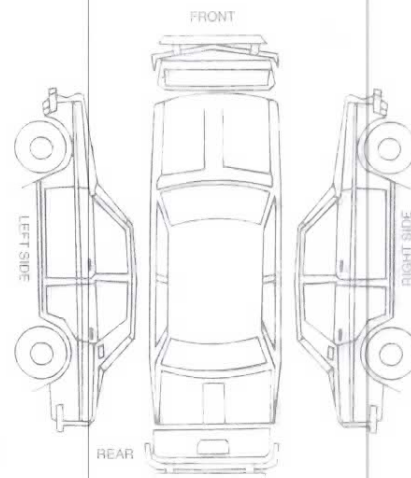
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 4153561 JC NO 305498410

CUSTOMER	REGN NO: SHA7761R	MILEAGE
R/MS CUSTOMER NO ADDRESS L. (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	MAKE: HYUNDAI E.....1/2.....F
SCOUT CARD NO.	MODEL IONIQ(G3)	DATE/TIME IN 20.12.2021 09:10
	YR OF MANU. 23.01.2020	TARGET DATE
	CHASSIS CODE KMHC851CVLU190131	COMPLETION DATE/TIME:

Accident Date: 17.12.2021
NATURE: 3P 17.12.2021

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7761R**
YY

Vehicle No.: **SHA7761R**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard