

REG. NO. Theran

DATE: CC4/11/22000185/Pa3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Clnms No. _____

Sum Insured: _____

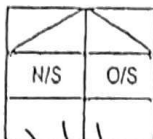
Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

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



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: SHC85064

Yr Rogn: 7/1 1/6

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

Truck / Trailer or

Make: Hyundai

140

c.c 1685

Colour: blue

AC: Insured / Std / HI / NA

Sp. Reading: 872083

T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: HMFLB41um6u 083051

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inboard / Jammed / Leaked / Burnt or

Brake: Inboard / Jammed / Leaked / Burnt or

Mod: NII / STIR / STD AIR/In or

Tyre Size: F: 206/60R16

R: 206/60R16

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal. 5

mm

R/Bal. 5

mm

L/Bal. 5

mm

L/Bal. 5

mm

D.O.A. 11/122

D.O.I. 4/1/22 1400

Survey held at

CDGE

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

no GFA given

Case/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Request For Ins:

Letter Sign / I.B.J.:

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Visual Insp (\$

Survey Fee:

Transportation:

_____ S. + RS. _____ \$

Flashes

Follow

Total

Date/Time: 03.01.2022 15:46

Page : 1

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4158803

JC NO: 805500075

TOMER

MS

TOMER NO

RESS

(R)

(P)

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REG NO	SHC8506U	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	I-40	DATE TIME IN
YR OF MANU	07.01.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU083051	COMPLETION DATE TIME

COUNT CARD NO.

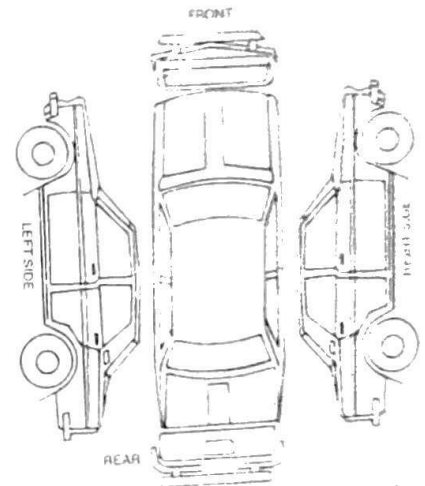
JOB DESCRIPTION

Accident Date: 01.01.2022
ATURE: 3P 01.01.2022

/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

CUSTOMER'S SIGNATURE

SERVICE ADVISOR

nowledgement Slip

ne:

No.:

icle No.:

SHC8506U

YY

Exit Pass

Vehicle No.:

SHC8506U

Date

Name of Service Advisor

To be kept by Security Guard

Signature/Date

me of Service Advisor

be returned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd (Co Reg No 199504048W)

59 Loyang Drive
Singapore 508969
Tel. 6214 8300

TP INSURER: India International Insurance Pte Ltd (HQ)
CTPL

Singapore

MVA: YY

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/01/2022
Vehicle Reg. No.:	SHC8506U	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	07/01/2016
Vehicle Colour:	BLUE	Chassis No:	KMHLB41UMGU083051
Engine No:	D4FDFU580576		
Odometer:	872083 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS

	Amount
Parts	1,120.82
Miscellaneous Items	11.00
Labour	810.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,941.82
+ GST 7.00% (S\$)	135.93
Nett Amount (S\$)	2,077.75

This claim is handled by: CHIANG LIAT CHOON

Generated using Merlimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 03 Jan 2022)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHC8506U/03/01/2022 16:51**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER COVER	20.00	0.00	cut / 553.00 FL
2	1		*REAR BUMPER CLIPS	20.00	0.00	n/c / 22.00 FL
3	1		*REAR BUMPER REINFORCEMENT	20.00	0.00	? / 428.40 FL
4	1		*REAR BUMPER UNDER COVER	20.00	0.00	scr / 228.00 FL
5	1		*REAR BUMPER REVERSE SENSOR	0.00	0.00	cut / 135.70 F
Sub Total (S\$)						1,367.10
- List Item Discount on L Items (S\$)						246.28
Total Parts (S\$)						1,120.82

F=Franchise part. L=ListItemDisc.

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Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	280 450.00
2	SPRAY PAINTING CHARGE	New	250300.00
3	REMOVE/REFIX REVERSE SENSOR	New	2060.00
Gross Labour Cost (S\$)			810.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Thuan@lkhayto.com

82235769

4/1/22 1600

L/S ✓ after repair photo
2 delays w/p ✓

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: