

ASSIGNED BY: Thavan

DATE: Ntuc

NS/INC 22000458/Utc

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/1155735- 002

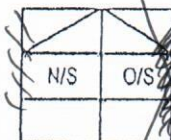
Sum Insured: _____ Excess: _____

(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. 3 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: 5HD8533k ✓ Yr Rogn: 12/5/16

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

Truck / Trailer or

Make: Hyundai 140 c.c. 1685

Colour: Yellow A/C: ☐ Insured / Std / NI / NA

Sp. Reading: 700299 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: kmHLB4/um6u089069

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rlm / STD A/Rlm 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. 22/12/21 D.O.I. 23/12/21 1630

Survey held at CDGE

Des. of Damages: Frt / Rear / ☒ O/S / ☒ NIS / UIC / Rooftop or

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

Date / Time	Action / Instruction
	<u>NO GIA given</u>
	<u>GIA in views</u>
	<u>lump sum \$1650, 3days</u>
	<u>red: 3617.8; 18%</u>

Once/Time, File Pass to?

☐ : Prelim. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

_____ S + RS. _____ \$

Prints

Others

Total

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Wash end (\$

Report Form(s):

Letter Form (LB):

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD8533K

Date: 23/12/2021

Make : HYUNDAI

Insurance: NTUC

Model : I-40

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT DOOR MIRROR LH			\$670.00
1	FRT DOOR MIRROR HOLDER LH			\$62.40
1	FRT DOOR LH			\$2,256.40
1	FRT DOOR GLASS LH			\$316.30
1	FRT DOOR OUTER HANDLE LH			\$132.30
1	FRT DOOR OUTER MOULDING LH			\$153.10
1	FRT FENDER LH			dt \$663.00
	SUB TOTAL			\$4,253.50
	LESS 20%			\$850.70
	DISCOUNTED TOTAL			\$3,402.80
	FRT DOOR COMFORT LOGO LH			\$75.00
				\$75.00
	Labour Charge			
	PANEL BEATING			\$900.00
	SPRAY PAINTING CHARGE			\$650.00
	TRANSFER OF FRT DOOR			\$120.00
	TUFF KOTE			\$60.00
	CHECK ALL LIGHTING			\$60.00
	TOTAL LABOUR			\$1,790.00
	ESTIMATE TOTAL			\$5,267.80

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.

Thuan @ LKH auto-lom
82235769
L/S after repair photo
3 days up
23/12/21 1630

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: 23.12.2021 13:07

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Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4155170

JC NO: 305498866

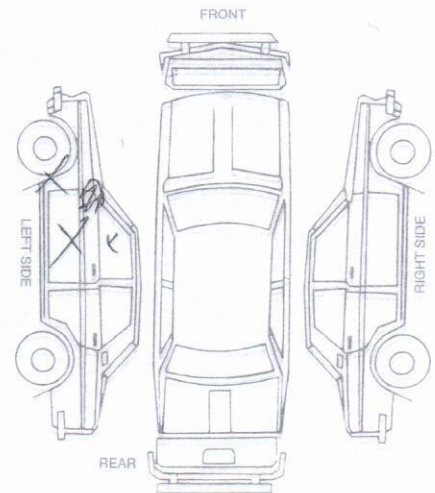
TOMER CITYCAB PTE LTD AS 7010070 TOMER NO 383 SIN MING DRIVE PRESS Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHD8533K	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 22.12.2021 17:25
	YR OF MANU 12.05.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU089069	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 22.12.2021
ATURE: 3P 22.12.2021

/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/ledgement Slip

Exit Pass

No.: SHD8533K

YY

Vehicle No.: SHD8533K

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard