

REC BY: Theran

DATE: Ntuc

NS/INC22001662/Vty3

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/1161020-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 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: SHB 4682A Yr Rogn: 5/1 1/7
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) Prime Mover /
 Truck / Trailer or
 Make: Hyundai 140 c.c. 1685
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 595827 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KmHLB 41umHu 097868
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SR / STD AIRlm 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. 7/2/22 D.O.I. 7/2/22 1800
 Survey held at CDGE
 Des. of Damages: Frl / Rear / O/S / NIS / UIC / Rooflop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NO GFA Given</u>
	LUMP SUM \$2950, 3DAYS
	RED: 2066.72;41%

Date/Time File Pass to? ☐ : Prel. Report
☐ : Final Report
 Date/Time File Return to? _____

Days Of Repair: **3**
 Resurvey No. of Trlp: _____

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

Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 Fumins _____
 Others _____
 Total _____

Request Form: _____
 Date/Time/Signature: _____

am: ARC Repair TP(CFS0)1

JOB CARD Sales Order: 4170618

JC NO 305504085

OMER
S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

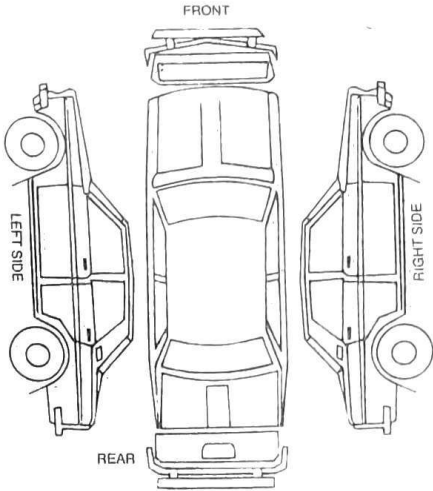
REGN NO.: SHB4682A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.02.2022 12:25
YR OF MANU. 05.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU097868	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

icident Date: 07.02.2022
TURE: 3P 07.02.22

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHB4682A YY

Vehicle No.: SHB4682A

Service Advisor Signature/Date

Name of Service Advisor Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHB4682A

Date: 07/02/22

Make : HYUNDAI

Insurance: NTUC

Model : I-40

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	RR FENDER RH			\$2,171.40
1	REAR BUMPER			\$553.00
10	RR BUMPER CLIPS			\$22.00
1	RR WHEEL HUB CAP RH			\$214.20
1	TAIL LAMP RH			\$697.80
	SUB TOTAL			\$3,658.40
	LESS 20%			\$731.68
	DISCOUNTED TOTAL			\$2,926.72
	REAR BUMPER METAL MAT			\$50.00
				\$50.00
	Labour Charge			
	PANEL BEATING			\$1,200.00
	SPRAY PAINTING CHARGE			\$600.00
	REMOVE/ REFIX UPHOLSTERY & CUSHION RR			\$120.00
	TUFF KOTE			\$60.00
	CEHCK ALL LIGTHING			\$60.00
	TOTAL LABOUR			\$2,040.00
	ESTIMATE TOTAL			\$5,016.72

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.

Therun 82235769
7/2/22 1800
L/S bfr ~~point~~ after repair phase
~~2~~ 4 days 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:

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