

NS/INC22001916/Ttc

ASS. REC. BY: Taught

REF:

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/1163578-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Vehicle: IN / OUT

Date: _____ Person Contacted: AmayVeh No: **SHB4333H**Yr Regn: **2019 / Dec**

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

Truck / Trailer or

Make: **Toyota Pajero**C.C. **1798**Colour: **Blue**

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **STDK33F4603590249**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: **NI** / S/Rim / STD A/Rim orTyre 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. **28/2/22**Survey held at **Comfort Lodge**Des. of Damages: **Fr** / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

lump sum \$1700, 2 days

red: 3236.06; 65%

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

Lump Sum / LB. / (\$ _____)

Days Of Repair: **2**

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

CITYCAL TE LTD
REPAIR ESTIMATE

Vehicle No.: SHB4333H
Make : TOYOTA
Model : PRIUS
DOA :

Date : 26.02.2022
Insurance: MVA : NTUC

Qty	Parts Description / Labour	Qty	Unit Price	Amount
1	FRT BUMPER LOWER GRILLE			\$438.00 X
1	FRT BUMPER CENTRE GRILLE			\$166.90 cut
1	FRONT BUMPER COVER			\$499.90 pr
10	FRONT BUMPER CLIPS	2.2		\$22.00 not
2	FRONT BUMPER HOLE COVER	86.25		\$127.50 X
1	BONNET			\$950.50 btr
1	HEADLAMP LH			\$2,735.28 X
1	FRT BUMPER LOGO EMBLEM			\$88.00 new
SUB TOTAL				\$5,028.08
LESS 25%				\$1,257.02
				\$3,771.06
1	FRONT NUMBER PLATE W/HOLDER			55.00 X
				\$55.00
Labour Charge				
	PANEL BEATING			550.00 350
	SPRAY PAINTING			500.00 ✓
	CHECK LIGHTING			60.00 X
TOTAL LABOUR				\$1,110.00
ESTIMATE TOTAL				\$4,936.06

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 97495741
wp' 26/2/22 4pm
02 days
Tanpin @ Tanpin
45 days after repair

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:

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4179269 JC NO305506818

CUSTOMER

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

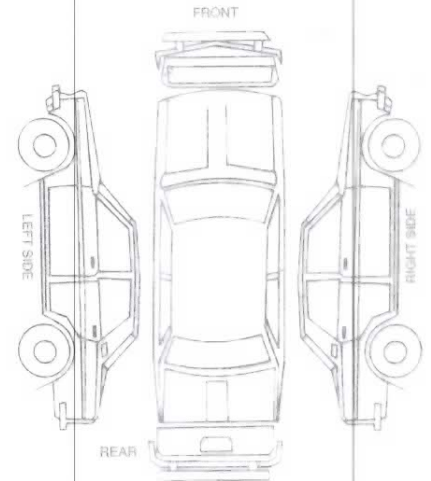
DISCOUNT CARD NO.

REGN NO.: SHB4333H	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....
MODEL PRIUS HYBRID(G4A26.	DATE/TIME IN 02.2022 16:20
YR OF MANU. 13.12.2019	TARGET DATE
CHASSIS CODE JTDKCB3FU603090249	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 26.02.2022
 NATURE: 3P 26.02.200

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

me:

No.:
 Vehicle No.: **SHB4333H** **CHIANG**

Vehicle No.: **SHB4333H**

me of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard