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United Cost    Invited Cost	SS. REC. BY: Tampi	
Truck / Trailer or Make:	rona: Date:	
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Market   M	D / (FP) WS / TP RES / OD RES / EVA / INV / MV	10.00
Workshop m/s  aurent:  aurent:  aliatins No.  Identify Record)  Identify Record   Jammed   Leaked   Burnt or    Identify Record)  Identify Record   Jammed   Leaked   Burnt or    Identify Id	o Inspect Vehicle No:	Make:
Sp. reading EngNo: Citic No.  Italians No.	t Workshop m/s	Colour
Dick No.  Startinsured:  Excess:  (Clent's Record)  dake of Veh:  (Felley Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Acadent Root:  Consistent? : Yes or No  GliA J PR Seen:  Consistent? : Yes or No  Cal J REP. J 24 HRS  Person Contacted:  Date:  Person Contacted:  Person Co	1	Sp.Reading 1/Radio: Insured / Std / N/ / NA
Sent Condition   Steepers   Ste	nsu <b>r</b> ed:	Eng/No:
See   Condition   See	Policy No.	
Colent's Record   Colent's R		,
Collect Record   Coll	Sum Insured: Excess:	- 1
Type Size:   F:	(Client's Record)	
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  CA / REV / REP. / 24 HRS  Date / Time   Action / Instruction  CA / Rep. / Action / Instruction  CA / Rep. / Consistent? Yes or No  Date / Time   Action / Instruction  Date / Time   Action / In	Make of Veh:	Modi: (NH / S/Rim / STD A/Rim or
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Gays Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date / Time   Accident / Instruction  Date / Time   Accident / Instruction  Date / Time   Accident / Instruction  Date / Time   Report   Survey Fee:  The UIC   Chassis frame / Body Structure affected due to collision.  Date / Time   Accident / Instruction  Date / Time   Report   Survey Fee:  Transportation:  Add Fee:  Site Insp (\$ ) Photos  Total  Person Instruction  Add Fee:  Site Insp (\$ ) Photos  Total  Total  Total  Total  Total  Total  Total  Total		Tyre Size: F: (9) (6) (C)
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Ball of Market Value:    DAC Accident Report	repair at the time of inspection.	TOYO / YOKO or COS / 7 COS
DAC Accident Rport:  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  Des. of Damages Fit / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction  Date / Time   Action / Instruction  Date / Time   File Pass to?  1) Desertime, File Return to?  2) Add Fee:  Survey Rea:  Survey Rea:  Survey Rea:  Survey Fee:  Transportation:  Add Fee:  Site Insp (\$ ) \$ + RS SI  Photos  Photos  Lump Sum / LB  : (**)  Desertime (**)  Photos  TOTAL	Bal. or Market Value:	- 10th
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Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction  Date / Time Pass to?  Interview No. of Trip: Survey Fee: Transportation: Transportation: Transportation: Transportation: See Results (Size Insp. (Size	Lum Sum: % 3 Val.: Yes or No	
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Date / Time   Action / Instruction    Days Of Repair:  Resurvey No. of Trip:   Survey Fee:    Transportation:   Transportation:    Date / Time   File Return 167    Add Fee:   Site Insp (\$ )   S + RS SI      Interview   S   Photos     Tech. Invs (\$ ) Others     Total	Vehicle: IN / O	The LVC / Chassis frame / Body Structure affected due to collision.
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Date/Time, File Return to?  2)  Add Fee: : Site Insp (\$ )S+RSSI  : Interview (\$ ) Photos  : Tech. Invs (\$ ) Others  : Weekend (\$ )  TOTAL	; Final Report	
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Representation : Tech. Invs (\$ ) Others  Lump Sum / LB J: (5 ) : Weekend (\$ )  TOTAL	2)	. Olly mop
Lump Sum / LB.I: (% ) : Weekend (% )		
TOTAL	Repert Formal :	
	Lump Sun / LB J: (%)	:Weel:end (%)
		TOTAL
	Non-	i "

## CITYCAL TE LTD REPAIR ESTIMATE

:

Vehicle No.:

SHB4333H

Make

TOYOTA

Model DOA

**PRIUS** 

Date

26.02.2022

nsurance:

MVA

NTUC

Qty	Parts Description / Labour	Qty	Unit Price	Amount
	FRT BUMPER LOWER GRILLE			\$438.00
1	FRT BUMPER CENTRE GRILLE			\$166.90 C
	FRONT BUMPER COVER			\$499.90
10	FRONT BUMPER CLIPS		2.2	\$22.00 ^
2	FRONT BUMPER HOLE COVER		86.25	\$127.50 ×
,	BONNET			\$950.50
,	HEADLAMP LH			\$2,735.28
1	FRT BUMPER LOGO EMBLEM			\$88.00
	SUB TOTAL			\$5,028.08
	LESS 25%			\$1,257.02
				\$3,771.06
	FRONT NUMBER PLATE W/HOLDER			55.00 X
				\$55.00
	Labour Charge			
	PANEL BEATING			550.00 3
	SPRAY PAINTING			500.00
	CHECK LIGHTING			60.00 ×
7 Aut Roseil	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.

Taylor 97495749

NP 20/2/22 4/20

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45 Remy Afer report

- 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:



be returned to Service Reception upon collection

## ComfortDelGro Engineering Pte Ltd

Date/Time: 28.02.2022 12:36 Page : 1 JOB CARD Sales Order: 4179269 JC NO305506818 ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO.: CUSTOMER SHB4333H COMFORT TRANSPORTATION PTE LTD FUEL MAKE VIR/MS TOYOTA 7010045 CUSTOMER NO 383 SIN MING DRIVE DATE/TIME IN MODE ADDRESS Singapore SINGAPORE 575717 PRIUS HYBRID (G4A26. 02.2022 16:20 65508755 TARGET DATE YR OF MANU. 13.12.2019 FEL. (R) (P) COMPLETION DATE/TIME CHASSIS CODE JTDKB3FU603090249 DISCOUNT CARD NO. JOB DESCRIPTION Accident Date: 26.02.2022 NATURE: 3P 26.02.200 ' LABOR CODE DESCRIPTION S/NO CHECKED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Pass knowledgement Slip Vehicle No.: No.: SHB4333H SHB4333H CHIANG nicle No.: Date Name of Service Advisor me of Service Advisor Signature/Date

To be kept by Security Guard