

(08/11/13)

ASS. REC. BY: Thevan

REF:

ntuc

NS/INC22003122/Vqc

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. _____

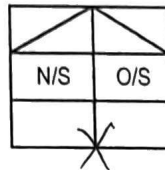
Claims No. MT/1170053-001

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: 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: SH3236S Yr Regn: 6/1 121Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai ioniq c.c. 1580Colour: blue A/C: Insured / Std / NI / NASp. Reading: 101105 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0851CULU191679Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or westlake

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 22/31/22 D.O.I. 1/4/22/16/5Survey held at CDGEDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>no GIA provided</u>
	<u>Thevan finalised final fig \$1483.92, 2 days. (Red \$1883.36, 56%)</u>

Date/Time, File Pass to?

☐

Preli. Report

1) 27/04 Typist

☐

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

S + RS, SI

Photos

Others

Report Format : TPLump Sum / I.B.I: (\$ 1483.92)

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

NEW C (PIP)

Date: 01.04.2022
Time: 15:34:24
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305511092
REGN NO : SHA3236S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 06.01.2021
DATE/TIME IN : 01.04.2022 12:25
ACCIDENT DATE : 31.03.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G COVER-RR BUMPER#	1	459.40	20.00	367.52	DT
0002 04-01-0101-0111-G BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60	MC
0003 04-01-0104-2533-G MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00	SC
0004 04-01-0104-2531-G BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64	MC
0005 04-01-0104-2288-G BEAM-RR BUMPER	1	394.80	20.00	315.84	7
0006 04-01-0104-0851-G REFLECTOR/REFLEX ASSY-RR	1	41.45	20.00	33.16	SC
0007 09-01-0104-2184-G UNIT ASSY-BSD LH	1	1,784.40	20.00	1,427.52	X SC
				SUB-TOTAL	: 2,567.28

JOB NATURE

0000 PB	PANEL BEATING	400.00	350
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 L	REMOVE/REFIX REVERSE SENSOR	50.00	30

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65508755

JOB NO : 305511092
REGN NO : SHA3236S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 06.01.2021
DATE/TIME IN : 01.04.2022 12:2
ACCIDENT DATE : 31.03.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 800.00

TOTAL : 3,367.28

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Thuvan
82235769
1/4/22 1615
PIP repair 2dayswp

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: