(08/11/23)

ASS. REC. BY: Thivan

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.**

N/S	O/S
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA3236S Yr Regn: 6/1 121

Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Taxi~~ / Prime Mover / Truck / Trailer or _____

Make: ~~Hyundai~~ Hyundai ioniq c.c 1580

Colour blue A/C: Insured / Std / NI / NA

Sp.Reading 101105 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CULU19/679 _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: 195/65R15

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.	~~31/3/22~~	D.O.I.	1/4/22 1615

Survey held at CDGE

Des. 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
	NO GIA provided
	Thevan finalised final fig $1483.92, 2 days. (Red $1883.36, 56%)

Date/Time, File Pass to?

1) 27/04 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ 1483.92)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

NCWC (PIP)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

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 / NT
0002 04-01-0101-0111-G	BUMPER COVER CLIP REAR	10 L	22.00	20.00	17.60 / NC
0003 04-01-0104-2533-G	MOULDING ASSY-RR BUMPER C	1	451.25	20.00	361.00 / SUC
0004 04-01-0104-2531-G	BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64 / NC
0005 04-01-0104-2288-G	BEAM-RR BUMPER	1	394.80	20.00	315.84 ?
0006 04-01-0104-0851-G	REFLECTOR/REFLEX ASSY-RR	1	41.45	20.00	33.16 / SUC
0007 09-01-0104-2184-G	UNIT ASSY-BSD LH	1	1,784.40	20.00	1,427.52 X SUC
				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

COMFORTDELGRO ENGINEERING PTE LTD

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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

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Thuvan
82235769
1/4/22 1615
P/P repair 2daysmp

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: