

(08/11/14)

ASS. REC. BY:

Thuvan

REF:

ntac

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. _____

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 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: _____

Veh No: SHA 4795 Yr Regn: 4/3 116Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 811415 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: nmHLB 41um64083608Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 206/60R16R: 206/60R16

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

TOYO / YOKO or WestlakeFront R/Bal. 5 mmRear R/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 4/4/22D.O.I. 4/4/12 1615Survey held at COOEDes. of Damages: Frt / Rear / OTS / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

no O/E provided

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

Date/Time: 04.04.2022 15:20

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4192522

JC NO305511390

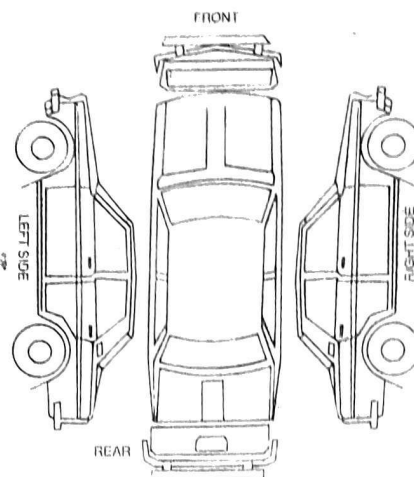
CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO. SHA4179S	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 04.04.2022 13:10
	YR OF MANU. 04.03.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU083608	COMPLETION DATE/TIME:

Accident Date: 04.04.2022

ATURE: 3P 04.04.2022

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA4179S**

YY

Vehicle No.:

SHA4179S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA4179S

Make : HYUNDAI

Model : I-40

Date: 04/04/22

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	FRT DOOR MIRROR RH			\$ 670.00	/CV4
				\$ 670.00	
				\$ 134.00	
				\$ 536.00	
					Nett
					Nett
				\$ -	Nett
	Labour Charge			\$ 150.00	
	PANEL BEATING			\$ 150.00	
	SPRAY PAINTING CHARGE			\$ 30.00	
	CHECK WIRING AND LIGHTING			\$ 330.00	
				\$ 866.00	

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.

Therav
82235769
4/4/22 1615
L/S repair
1 clay swp

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: