

ASS. REC. BY: Thevan

REF: ntac NS/INC22003187/Vvc

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: FBN 2495U
 Policy No. _____
 Claims No. MT/1167431-002
 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: 3 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: SHD4509H Yr Regn: 19/12/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
 Make: Hyundai Tonig c.c 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 270948 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH881CVLH190355
 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

<u>Front</u>	<u>Rear</u>
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>4/14/22</u>	D.O.I. <u>5/4/22 1700</u>

 Survey held at CDGE
 Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>No GIA provided</u>
<u>21/4/22</u>	<u>Thevan informed LS \$2150 (red 1315.36, 37%)</u>

Date/Time, File Pass to? : **Prel. Report**
 : **Final Report**

Days Of Repair: 3
 Resurvey No. of Trip: 1

1) _____
 Date/Time, File Return to?
 2) 22/4/22-typist

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

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	

Report Format : TP
 Lump Sum / I.B.: (\$ 2150)

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4193143

JC NO 305511403

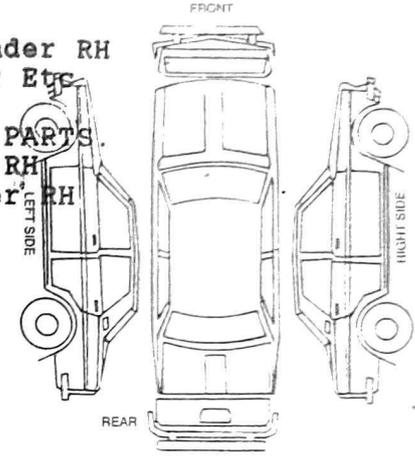
OWNER AS RESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO. SHD4509H	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G3)	DATE/TIME IN 04.04.2022 12:30
		YR OF MANU 19.12.2019	TARGET DATE
QUANTITY CARD NO.		CHASSIS CODE KMHC851CVLU190355	COMPLETION DATE/TIME:

Incident Date: 04.04.2022
 Nature: 3P 04.04.2022

JOB DESCRIPTION

NO	LABOR CODE
0010	PB
0020	SP
0030	17-01
0040	20-00
0070	20-05
0080	20-05

DESCRIPTION
 PANEL BEATING-Rear Fender RH
 SPRAYPAINT-Rear Bumper Etc
 CHECK ALL WIRINGS.
 TUFF COAT ON AFFECTED PARTS.
 Rear Door Adv.Sticker RH
 Rear Fender Adv.Sticker RH



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHD4509H LIMTS

Vehicle No.: SHD4509H

Service Advisor _____ Signature/Date _____

Name of Service Advisor _____ Date _____

Returned to Service Reception upon Collection

To be kept by Security Guard

SAS-KIV

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2022

Time: 08:46:52

Page: 1/2

TS

REPAIR ESTIMATE

LKK-

(NTUC-LS)

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

JOB NO : 305511403
REGN NO : SHD4509H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 19.12.2019
DATE/TIME IN : 04.04.2022 12:30
ACCIDENT DATE : 04.04.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2538-G	WING MIRROR RH	1	1,391.70	20.00	1,113.36	kr
0002	28-01-9999-2023-A	REAR DOOR APPS RH	1	80.00	10.00	72.00	/nec

SUB-TOTAL : 1,185.36

JOB NATURE

0000	PB	PANEL BEATING-Rear Fender RH		800.00		380
0001	SP	SPRAYPAINT-Frt WRC Piilar RH		1200.00		900
0002	17-01	CHECK ALL WIRINGS.		50.00		30
0003	20-00	TUFF COAT ON AFFECTED PARTS.				30.00 30
0004	20-05	Rear Door Adv.Sticker RH		100.00		/nec
0005	20-05	Rear Fender Adv.Sticker RH		100.00		/nec
0006	23-01	TOWING FEE		0.00		

SUB-TOTAL : 2,280.00

B

REPAIR ESTIMATE LKK -

(NTUC-LIS)

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

JOB NO : 305511403
REGN NO : SHD4509H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 19.12.2019
DATE/TIME IN : 04.04.2022 12:30
ACCIDENT DATE : 04.04.2022

09/1
75/17
139

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,465.36

Lmg

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Therom
822 35769
S/4/22 1700
LIS repair
3clay 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:



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>8/11/21</u> Time Received: <u>1330</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>TAN</u> Contact No. : <u>9352 5745</u> Vehicle No. : <u>SHD H509H</u> Make / Model / Colour : <u>H/I</u> Email : _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>HOUGIANG AVE 3</u>			8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked X: Dented /: Scatched O: Missing _____ Signature of Customer	
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Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS		 #: Cracked X: Dented /: Scatched O: Missing _____ Signature of Customer
Name of Driver : <u>SEN</u>		
Vehicle No. : <u>VL 7232S</u>		
Time Dispatch : <u>1330</u>		
Time of Arrival : <u>1430</u>		
Time Completed : <u>1600</u>		

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

_____ Date _____ Time _____ Signature of Customer _____

14. WORKSHOP

_____ Name of Attending Staff/Guard _____ Date & Time of Arrival _____ Signature of Attending Staff/Guard _____