

Date/Time: 05.04.2022 08:44

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4193143

JC NO 305511403

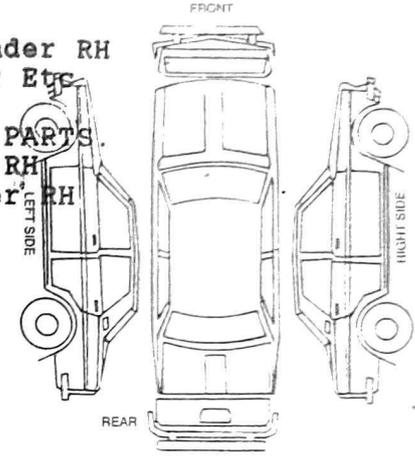
OWNER AS RESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO. SHD4509H	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G3)	DATE/TIME IN 04.04.2022 12:30
		YR OF MANU 19.12.2019	TARGET DATE
QUANTITY CARD NO.		CHASSIS CODE KMHC851CVLU190355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

Acknowledgement Slip No.: SHD4509H LIMITS	Exit Pass Vehicle No.: SHD4509H	To be kept by Security Guard
_____ Service Advisor	_____ Signature/Date	_____ Name of Service Advisor
_____ Date	_____ Date	_____ Date

Returned to Service Reception upon Collection

SAS-KIV

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2022

Time: 08:46:52

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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
5/4/22 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 : _____		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested						
Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>		F	1/4	1/2	3/4	E		
F	1/4	1/2	3/4	E				

Job Attended

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

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 _____