

ASS. REC. BY: Thuan

REF: ntuc

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 Rport: _____ 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: ST1A4213B Yr Regn: 29/2/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: Hyundai 140 c.c 1685

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

Sp. Reading 764531 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH1B41umH4097699

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 206/60R16

R: 206/60R16

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. 20/4/22 D.O.I. 21/4/22 1600

Survey held at CDGE

Des. of Damages: Frt / Rear / (S) NIS / UIC / Rooftop or

The **UIC / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	<u>NO GIA provided</u>

Date/Time, File Pass to?

: **Prel. Report**
 : **Final Report**

Days Of Repair: _____

1) _____
Date/Time, File Return to?

Resurvey No. of Trip: _____

2) _____

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

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

Report Format : _____

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

COMFORTDELGRO ENGINEERING PTE LTD

SAS-KIV

REPAIR ESTIMATE

Effective Date: 1 Nov 2020

DATE: 21.04.22
 MODEL: Hyundai i40
 VEHICLE NO.: SHA4213B

LKK-

INSURANCE: NTUC (LIS)

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Door RH	1		\$ 2,707.70 KY
	Rear Door RH	1		\$ 2,201.10 NT
	Rocker Panel Garnish RH	1		\$ 732.80 XVR
	Rear Wheel Cap RH	1		\$ 217.20 XSCR
	SUB TOTAL			\$ 5,858.80
	LESS 20% DISCOUNTED TOTAL			\$ 4,687.04
	Front Door ComfortDelGro RH	1		\$ 75.00 ME
	Rear Door APPS RH	1		\$ 80.00 ME
	SUB S/NETT			\$ 155.00
	LESS 10%			\$ 15.50
	S/NETT TOTAL			\$ 139.50
	SPARE PARTS TOTAL			\$ 4,826.54
	<u>Labour Charge</u>			
	Panel Beating - Rear Fender RH etc			\$ 800.00 560
	Spray Painting Charge - Rear Bumper etc			\$ 1,200.00 1000
	Transfer Of Doors	2	\$ 120.00	\$ 240.00 120
	Wheel Alignment			\$ 120.00 XWN
	TOTAL LABOUR			\$ 2,360.00
	ESTIMATE TOTAL			\$ 7,186.54

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.

Thivan
 82235769
 21/4/22 1600
 LIS 3clays wp

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:

Date/Time: 21.04.2022 15:05 Page : 1

Item: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4199471 JC NO 305513261

Customer: COMFORT TRANSPORTATION PTE LTD
Customer No. 7010045
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO.: SHA4213B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 21.04.2022 13:15
YR OF MANU. 29.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097699	COMPLETION DATE/TIME:

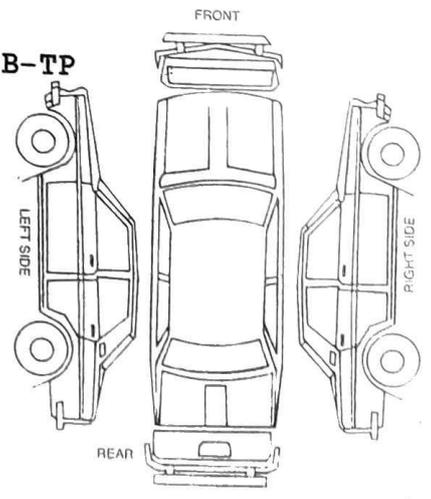
Document Card No.

Accident Date: 20.04.2022
Nature: 3P 20.04.2022

JOB DESCRIPTION

Job No: 00010 LABOR CODE: PB

DESCRIPTION
LUMP SUM REPAIR-SHA4213B-TP



Handed & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Slip

Exit Pass

Job No.: **SHA4213B** LIMITS

Vehicle No.: **SHA4213B**

Service Advisor Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard