

ASS. REC. BY: Taufik

REF:

INC

## 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. \_\_\_\_\_

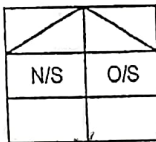
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Ms. LoneVeh No: SH 7038D Yr Regn: 2016 / AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 758252 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414MG 4087772Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Weslake

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 28/4/22Carport Logg.

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.E. ( )

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

**COMFORT TRANSPORTATION PTE LTD****REPAIR ESTIMATE**

Vehicle No. : SH7038D

Date: 28/04/2022

Make : HYUNDAI

Insurance: NTUC

Model : I-40

MVA: MS. LOKE Y Y

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$ 553.00
1	REAR BUMPER CLIPS			\$ 22.00
1	REAR BUMPER LOWER COVER			\$ 228.00
	<b>SUB TOTAL</b>			\$ 803.00
	<b>LESS 20%</b>			\$ 160.60
	<b>DISCOUNTED TOTAL</b>			<b>\$ 642.40</b>
1	REAR BUMPER RUBBER MAT			\$ 50.00
1	REAR BUMPER REVERSE SENSOR			\$ 135.70
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	PANEL BEATING			\$ 300.00
	SPRAY PAINTING CHARGE			\$ 300.00
	REMOVE/REFIX REVERSE SENSOR			\$ 60.00
	<b>TOTAL LABOUR</b>			<b>\$ 660.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,488.10</b>

Ry  
rec  
XNett K  
Nett 1w ✓  
Nett280  
250  
30

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.

Tanfah 9249549  
WP 28/4/22 2445

2 days

4/5 Repair after repair

Tanfah ekkhauto.com

**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: 28.04.2022 14:51

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Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4201951

JC NO: 305514179

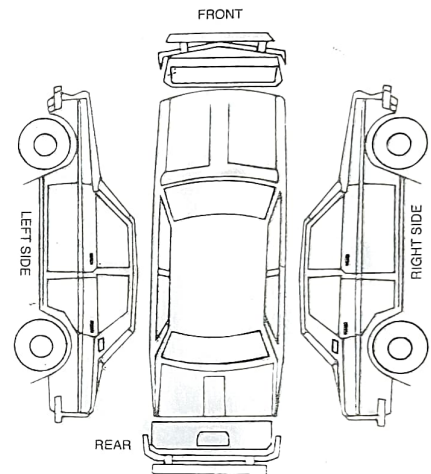
CUSTOMER  
MR/MS **COMFORT TRANSPORTATION PTE LTD**  
CUSTOMER NO. **7010045**  
ADDRESS **383 SIN MING DRIVE**  
**Singapore SINGAPORE 575717**  
TEL. (R) **65508755** (O)  
(P)  
DISCOUNT CARD NO.

REGN NO.: <b>SH 7038D</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>28.04.2022 13:25</b>
YR OF MANU. <b>21.04.2016</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMGU087772</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.04.2022  
NATURE: 3P 27.04.2022

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

3:  
O.:  
le No.: **SH 7038D**                      **YY**

Vehicle No.:  
**SH 7038D**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard