

ASS. REC. BY: Taufik

REF:

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: Chuang Vehicle: IN / OUTVeh No: SHC 7105A Yr Regn: 2016 MarchType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 140 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 556310 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMG 4085496Gen. 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: 1 2

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

TOYO / YOKO or WentakeFront R/Bal. 6 mm Rear R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 28/4/22Survey held at WentakeDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

CIYTCAB RTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC7105A
MAKE 04.03.2016
MODEL I-40

DATE 27.04.2022
CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER COVER			\$1,052.20
10	BUMPER CLIP		2.2	\$22.00
1	FRONT BUMPER GRILLE LH			\$187.20
1	HEADLAMP LH			\$1,338.00
1	HEAD LAMP SUPPORT PANEL			\$907.40
1	FRONT FENDER LH			\$663.00
1	FRONT FENDER SHIELD LH			\$174.90
1	FRONTBUMPER BRACKET /RH			\$24.60
	SUB TOTAL			\$4,369.30
	20.00%			\$873.86
	DISCOUNTED TOTAL			\$3,495.44
1	FRONT DOOR COMFORT LOGO			\$75.00
1	REAR DOOR COMFORT APP			\$80.00
				\$139.50
	Labour Charge			
	Panel Beating			\$600.00
	Spray Painting			\$1,300.00
	Reset Front Wheel Alignment			\$60.00
	Check lighting			\$60.00
	TOTAL LABOUR			\$2,020.00
	ESTIMATE TOTAL			\$5,654.94
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.				

tanjil 97495747
up 28/4/22 e 450
4/5 Resurvey after repair
tanjil e lkhanto nom
9 03 days

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 08:51 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 4201865

JC NO:305514147

CUSTOMER

VMS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65551188 (O)
(P)

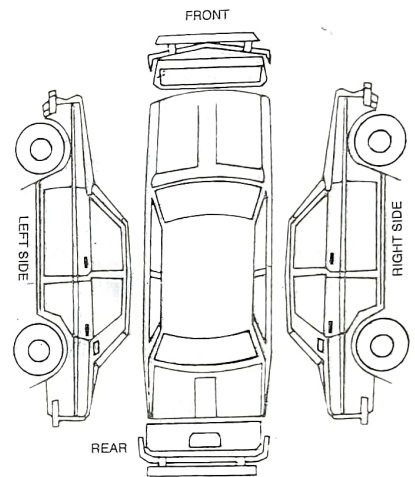
REGN NO.: SHC7105A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 27.04.2022 15:50
YR OF MANU. 04.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU085496	COMPLETION DATE/TIME:

SCOUNT CARD NO.

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

Knowledge Slip

Exit Pass

Name:

No.:

Vehicle No.: **SHC7105A**

CHIANG

Vehicle No.:

SHC7105A

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard