

ASS. REC. BY: Taujiah

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. \_\_\_\_\_

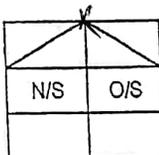
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rport: \_\_\_\_\_ 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

WP

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Mg Loh

Veh No: SKD 3259K Yr Regn: 2016 June

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai i40 c.c 1685

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

Sp. Reading: 566713 T/Radio: Insured / Std / NI / NA

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

C/No: KMHL641UMG 4091565

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: NI / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 205/60R16

R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wipac

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 7/6/22

Survey held at Comfort Lodge

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop: or \_\_\_\_\_

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

Date / Time	Action / Instruction
	TRINC 8JP9734D

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

1) Date/Time, File Return to?

2) \_\_\_\_\_

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

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

Survey Fee:
Transportation:
_____ \$ + RS. _____ \$
Photos
Others
TOTAL

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Rep. Format: \_\_\_\_\_  
Lump Sum / B.B. (\$) \_\_\_\_\_

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

Vehicle No. : ~~SHG 2254J~~ SHD 3259K  
 Make : HYUNDAI  
 Model : I-40

Date: 07/06/2022  
 Insurance: NTUC  
 MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT BUMPER COVER			\$ 1,052.20
10	FRT BUMPER CLIPS			\$ 22.00
1	RADIATOR GRILLE			\$ 1,480.00
1	FRT BUMPER CENTRE GRILLE			\$ 114.00
<b>SUB TOTAL</b>				\$ 2,668.20
<b>LESS 20%</b>				\$ 533.64
<b>DISCOUNTED TOTAL</b>				\$ 2,134.56
FRT NUMBER PLATE WITH TRIM COVER				\$ 55.00
				\$ 55.00
<b>Labour Charge</b>				
CHL ALL LIGHTING				\$ 60.00
PANEL BEATING				\$ 300.00
SPRAY PAINTING CHARGE				\$ 300.00
<b>TOTAL LABOUR</b>				\$ 660.00
<b>ESTIMATE TOTAL</b>				\$ 2,849.56

*Handwritten notes:*  
 200  
 net  
 280  
 250

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.

*Handwritten notes:*  
 Tanpin 97445749  
 WP' 7/6/22 0315pm  
 -2days  
 4/5 Resurvey after repair  
 Tanpin ekkhantou

**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: \_\_\_\_\_

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 4254170

JC NO.305518767

STOMER  
/MS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

REGN NO: <b>SHD3259K</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>06.06.2022 18:15</b>
YR OF MANU <b>30.06.2016</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMGU091565</b>	COMPLETION DATE/TIME:

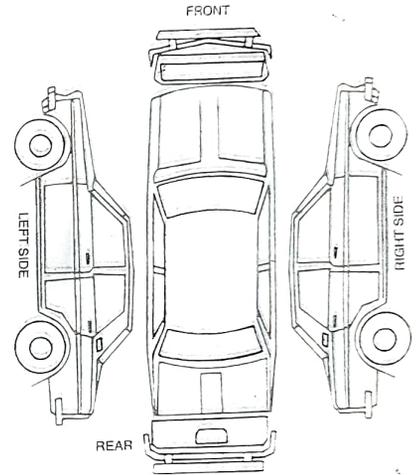
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.06.2022  
NATURE: 3P 06.06.2022

S/NO                      LABOR CODE

**DESCRIPTION**



CKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

medgement Slip

Exit Pass

No.: **SHD3259K**                      **YY**

Vehicle No.: **SHD3259K**

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard