

ASS. REC. BY:

Taufik

REF:

NS/INC 22006089/Tvc

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: **SMV 9630C**

Policy No. _____

Claims No. **MT/1176837-002**

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 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

human

Veh No: **SHA 7090 T** Yr Regn: **2019 / Feb**

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

Truck / Trailer or _____

Make: **Hyundai** C.C. **1580**Colour: **Blue** A/C: **Insured / Std / NI / NA**Sp. Reading: **394753** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KMH C851 CVK4141201**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: **NA** / S/Rim / STD A/Rim orTyre Size: F: **195/65 R15**R: **2**

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

TOYO / YOKO or **Winstar**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **17/6/2022** D.O.I. **17/6/22**Survey held at **Campania Loggia**

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

Frt N/S

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

Date / Time	Action / Instruction
	TP-INC - SMU 9630C
10/8/22	Taufik informed LS \$3100 (Red 1688.08, 35%)

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2) **11/8/22-typist**Days Of Repair: **2**Resurvey No. of Trip: **1**Report Format: **TP**Lump Sum / L.B.H. / **\$3100**Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

COMFORT DELGRO ENGINEERING PTE LTD

Updated 11 Feb 2020

REPAIR ESTIMATE

DATE: 17.06.22

D.O.A 17.06.22
INSURANCE: NTUC (4sum)

MODEL: Hyundai Ioniq (Front)

MVA: JUMANI

VEHICLE NO.: SHA7090T

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	FRT BUMPER			\$ 481.10
	FRT FENDER LH			\$ 588.80
	FRT FENDER LH - EMBLEM			\$ 26.60
	HEADLAMP ASSY RH			\$ 2,110.30
	FRT BUMPER CTR MOULDING			\$ 368.50
	FRT WHEEL CAP LH			\$ 346.40
	FRT BUMPER SIDE BRACKET LH			\$ 41.40
	FRT BUMPER CLIPS	10		\$ 22.00
	SUB TOTAL			\$ 3,985.10
	LESS 20%			\$ 797.02
	DISCOUNTED TOTAL			\$ 3,188.08
	SUB TOTAL			
	<u>Labour Charge</u>			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Advertisement logo - Fender			\$ 100.00
	TOTAL LABOUR			\$ 1,600.00
	ESTIMATE TOTAL			\$ 4,788.08

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:

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.

Tamim 9749 5747
up 17/1/22 @ 2:40pm
- 1/2 Resurvey after repair
- 2 days
Tamim 9749 5747

Date/Time: 17.06.2022 09:31 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305520020

Customer

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

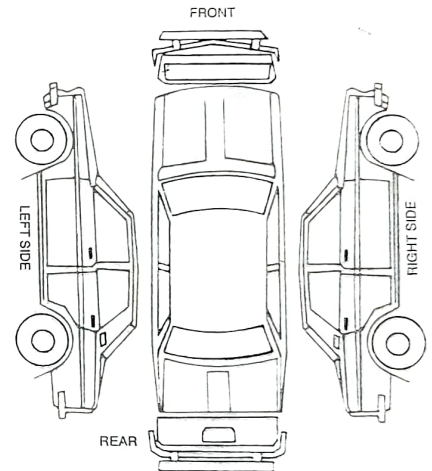
Job Card NO.

REGN NO. SHA7090T	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 17.06.2022 08:15
YR OF MANU. 28.02.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU141201	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.06.2022
Nature: 3P 17.06.22

Job NO LABOR CODE DESCRIPTION



Vehicle & Passed Out By: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: **SHA7090T**

JU NTUC

Vehicle No.:

SHA7090T

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard