

ASS. REC. BY: Taufikh

REF: INC NS/INC22006090/Tqc

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: _____

Veh No: SHC 3606Y Yr Regn: 2019, Pec.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Proia C.C. 1798
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 2847/4 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STDKBSFY 803090253
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: NI / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: 2

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

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: Bureau
 Vehicle: IN / OUT

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 11/6/22
 Survey held at Comfort Legay
 Des. 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
	Taufikh finalised final fig \$700, 2 days (Red \$794.05, 53%)

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

Days Of Repair: 2
 Resurvey No. of Trip: 1

Date/Time, File Return to?
 2) _____
 Report Format: TP
 Lump Sum / E.M.T: 700

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

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

NMUC (P/P)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.06.2022

REPAIR ESTIMATE

Time: 13:49:15

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305519866
REGN NO : SHC3606Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4A)
DATE OF REGN : 13.12.2019
DATE/TIME IN : 16.06.2022 11:00
ACCIDENT DATE : 16.06.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-3909-G PANEL SUB-ASSY QUARTER RH 1 992.07 25.00 744.05 *Rx*
SUB-TOTAL : 744.05

JOB NATURE

0000 L PANEL BEATING 350.00 ✓
0001 SP SPRAYPAINT CHARGE 300.00 250
0002 20-05 RENEW ADVERTISMENT STICKER-FENDER 100.00 *cut*
SUB-TOTAL : 750.00

TOTAL : 1,494.05

[Signature]
MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

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:

Taufik 97495747
'in P' 16/6/22 @ 350 per
P/P Resurvey after repair
Taufik @ lkkauto.com
02 days

Workshops

Date/Time: 16.06.2022 13:44 Page : 1

Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4291010

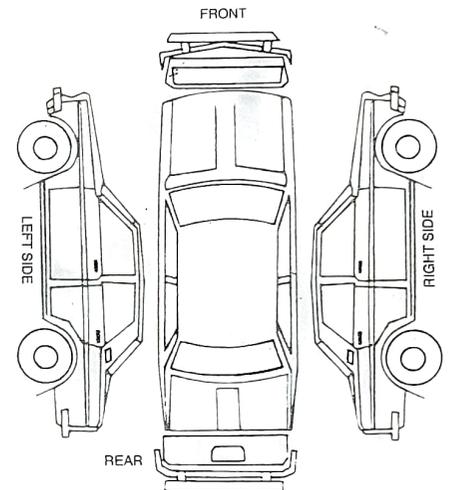
JC NO 305519866

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHC3606Y	MILEAGE
OWNER NO. 7010045	MAKE: TOYOTA	FUEL E.....1/2.....F
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	MODEL PRIUS HYBRID(G4A16.06.2022 11:00	DATE/TIME IN
(R) (P)	YR OF MANU. 13.12.2019	TARGET DATE
IDENTIFICATION CARD NO.	CHASSIS CODE JTDKB3FU803090253	COMPLETION DATE/TIME:

JOB DESCRIPTION

 Accident Date: 16.06.2022
 Nature: 3P 16.06.22

NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

 Vehicle No.: **SHC3606Y** **JU NTUC**

 Vehicle No.: **SHC3606Y**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard