

ASS. REC. BY: Taufik

REF:

NS/ INC 22006548/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: **SJP 3490X**

Policy No. _____

Claims No. **MT/1180089-001**

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

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: ms luke

Veh No: **SMD66594** Yr Regn: **2021 Feb.**

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

Truck / Trailer or

Make: Myndor c.c. 1580

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

Sp. Reading: 96313 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH851CUL4/92874

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

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

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

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

D.O.A. 27/6/2022 D.O.I. 28/6/22

Survey held at Confid 6 way

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

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

Date / Time	Action / Instruction
30/8/22	Taufikh confirmed final fig \$1372.60 (red 4420.12, 76%)

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

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee:	
Transportation:	
S + RS	SI
Photos	
Others	
TOTAL	

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

Report Format: **TP**
Lump Sum / L.B.I. (\$1372.60)

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHYD6659U

Make : HYUNDAI

Model : IONIQ(G3)

Date: 06/28/22

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$ 459.40
10	REAR BUMPER CLIPS			\$ 22.00
1	REAR FENDER RH			\$ 1,768.30
1	REAR BUMPER SIDE BRACKET RH			\$ 55.80
1	REAR DOOR RH			\$ 2,147.90
	SUB TOTAL			\$ 4,453.40
	LESS 20%			\$ 890.68
	DISCOUNTED TOTAL			\$ 3,562.72
	 REAR DOOR COMFORTDELGRO APP STICKER RH			\$ 80.00
				\$ 80.00
	Labour Charge			
	PANEL BEATING			\$ 1,050.00
	SPRAY PAINTING CHARGE			\$ 800.00
	TRANSFER OF DOOR			\$ 120.00
	TUFF KOTE			\$ 60.00
	REMOVE/ REFIX UPHOLSTERY & CUSHION RR			\$ 120.00
	TOTAL LABOUR			\$ 2,150.00
	 ESTIMATE TOTAL			\$ 5,792.72

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.

Tanpin 0749 5747
 'WP' 28/6/22 @ 430pm
 p/p Resin new parts
 2-3 days
 Tanpin Consultants. 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: 28.06.2022 09:57

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4327320

JC NO 305521345

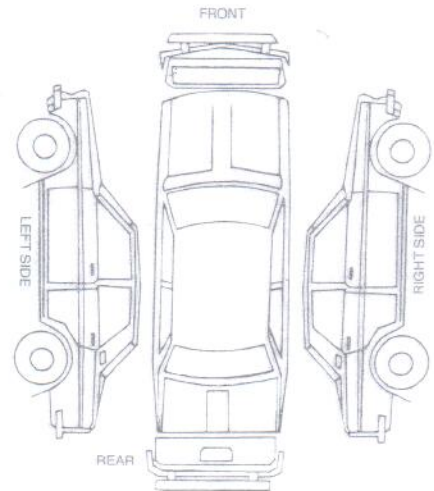
CUSTOMER		REGN NO:	MILEAGE
MR/MS COMFORT TRANSPORTATION PTE LTD		SHD6659U	
CUSTOMER NO. 7010045		MAKE:	FUEL
ADDRESS 383 SIN MING DRIVE		HYUNDAI	E.....1/2.....
Singapore SINGAPORE 575717		MODEL	DATE/TIME IN
TEL. (R) 65508755 (P)		IONIQ(G3)	27.06.2022 16:45
DISCOUNT CARD NO.		YR OF MANU.	TARGET DATE
		25.02.2021	
		CHASSIS CODE	COMPLETION DATE/TIME
		KMHC851CVLU192874	

Accident Date: 27.06.2022

NATURE: 3P 27.06.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____

CUSTOMER'S SIGNATURE _____

Knowledge Slip
No.: SHD6659U YY
Signature/Date
To be returned to Service Reception upon collection

Exit Pass
Vehicle No.: SHD6659U
Name of Service Advisor
To be kept by Security Guard

Date