ASS. REC. BY: Tauffik | 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.

N/S	O/S

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

CA / REV / REP. / 24 HRS WIP

Date: _____ Person Contacted: Mrs Lo Ke

Vehicle: IN / OUT

Veh No: SHD6594. Yr Regn: 2021 Feb.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Config c.c 1580

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

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

Eng/No: _____

C/No: KMHC851CVLU192874.

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: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	28/6/22

Survey held at Comfort Loyang.

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___SI.	
Photos	
Others	
TOTAL	

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	Ry
10	REAR BUMPER CLIPS			$ 22.00	Nil
1	REAR FENDER RH			$ 1,768.30	Ry
1	REAR BUMPER SIDE BRACKET RH			$ 55.80	X
1	REAR DOOR RH			$ 2,147.90	Ry
	SUB TOTAL			$ 4,453.40	
	LESS 20%			$ 890.68	
	DISCOUNTED TOTAL			**$ 3,562.72**	
	REAR DOOR COMFORTDELGRO APP STICKER RH			$ 80.00	Ry
				$ 80.00	
	Labour Charge				
	PANEL BEATING			$ 1,050.00	525
	SPRAY PAINTING CHARGE			$ 800.00	750
	TRANSFER OF DOOR			$ 120.00	X
	TUFF KOTE			$ 60.00	X
	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.

Taufik 9749 5747
'WP' 28/6/22 @ 430pm
P/p Rear new parts
2-3 days
taufik@lkkauto.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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 28.06.2022 09:57 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 4327320 JC NO 305521345

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL. (R) 65508755 (O)
(P)

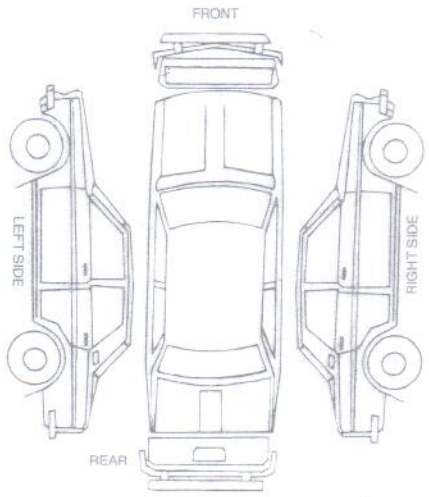
DISCOUNT CARD NO.

REGN NO.: SHD6659U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL: IONIQ(G3)	DATE/TIME IN 27.06.2022 16:45
YR OF MANU. 25.02.2021	TARGET DATE
CHASSIS CODE KMHC851CVLU192874	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 27.06.2022
NATURE: 3P 27.06.2022

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

:knowledgement Slip

ıme:
; No.:
hicle No.: SHD6659U YY

ıme of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6659U

Name of Service Advisor

Date

To be kept by Security Guard