

ASS. REC. BY:

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
<input checked="" type="checkbox"/>	

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*Date: \_\_\_\_\_ Person Contacted: *WLS Cohe*

Vehicle: IN / OUT

Veh No: *SHA 6980G* Yr Regn: *2019, June*Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: *Hyundai* *Wong* C.C. *1580*Colour: *Blue* A/C: Insured / Std / NI / NASp. Reading: *343650* T/Radio: Insured / Std / NI / NA

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

C/No: *KMH085 / CVC4 / 64378*Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: *195/65 R15*R: *195/65 R15*

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

TOYO / YOKO or *Westerline*

Front Rear

R/Bal. *6* mm R/Bal. *6* mmL/Bal. *6* mm L/Bal. *6* mmD.O.A. D.O.I. *24/6/22*Survey held at *Comfort Lodge*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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / I.B.L. (?) \_\_\_\_\_

☐ : Prel. Report☐ : Final Report

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

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

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

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

## COMFORT TRANSPORTATION PTE LTD

## REPAIR ESTIMATE

Vehicle No. : SHA6980G

Make : HYUNDAI

Model : IONIQ(G2)

Date: 24.06.2022

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			Rx \$459.40
10	REAR BUMPER CLIPS			re - \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			de - \$451.25
1	REAR BUMPER REINFORCEMENT			? \$394.80
1	REAR BUMPER REINFORCEMENT BRACKET LH			? \$138.10
1	REAR BUMPER TOWING COVER			X \$98.80
	<b>SUB TOTAL</b>			\$1,564.35
	<b>LESS 20%</b>			\$312.87
	<b>DISCOUNTED TOTAL</b>			<b>\$1,251.48</b>
	REAR BUMPER RUBBER MAT			Rx \$50.00
	REAR BUMPER REVERSE SENSOR			? \$180.00
				<b>\$230.00</b>
	<b>Labour Charge</b>			
	PANEL BEATING			\$50 \$400.00
	SPRAY PAINTING CHARGE			250 \$300.00
	REMOVE/REFIX REVERSE SENSOR			30 \$80.00
	<b>TOTAL LABOUR</b>			<b>\$780.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,261.48</b>

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.

Tanphin 97445749  
 up' 24/6/22 @ 3pm  
 2 days  
 c/s resurvey after repair  
 tanphin c/ltk auto wq

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: 24.06.2022 08:24

Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order: 4299122

JC NO 305520757

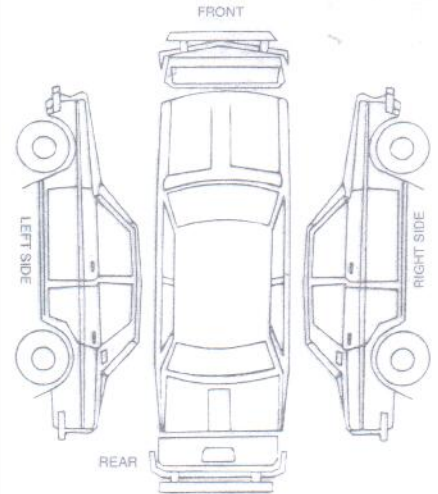
CUSTOMER		REGN NO.: <b>SHA6980G</b>	MILEAGE
MR/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: <b>HYUNDAI</b>	FUEL
CUSTOMER NO.	7010045	MODEL <b>IONIQ(G2)</b>	DATE/TIME IN <b>23.06.2022 14:05</b>
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. <b>26.06.2019</b>	TARGET DATE
EL. (R) (P)	65508755 (O)	CHASSIS CODE <b>KMHC851CVKU164378</b>	COMPLETION DATE/TIME:
DISCOUNT CARD NO.			

### JOB DESCRIPTION

Accident Date: 23.06.2022

NATURE: 3P 23.06.2022

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledgegement Slip

Exit Pass

me:

No.:

Vehicle No.:

**SHA6980G**

**YY**

Vehicle No.:

**SHA6980G**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard