

ASS. REC. BY: Taufikh

REF:

NS/INC 22007324/Tvc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / CP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: PA 6024Y

Policy No. _____

Claims No. MT/1178056-002

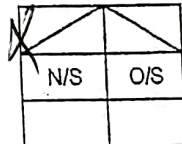
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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: Lim TS Vehicle: IN / OUT

Veh No: SHC 8200B Yr Regn: 2016, June

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

Truck / Trailer or _____

Make: Hyundai 140 C.C. 1685

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

Sp. Reading: 546765 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLCB414MG 4091330

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 205/60R16

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

TOYO / YOKO or Wootube

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

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

D.O.A. 26/6/2022 D.O.I. 27/6/22

Survey held at Comfort Lodge

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
	<u>TP-INC-PA6024Y</u>
16/8/22	Taufikh informed LS \$3200 (Red 3883.44, 54%)

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 17/8/22-typist

Add Fee: ☐ : Site Insp (\$ _____)

 S + RS SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format: TP

Lump Sum / F.B. (\$ \$3200)

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

(SAS-KIV)

LKK -

CLISJ

DATE: 27.06.2022INSURANCE: NTUCMODEL: Hyundai i40MVA: LIM T SVEHICLE NO.: SHC8200B

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$ 1,052.20
	Front Bumper Clips	10	\$ 2.20	\$ 22.00
	Front Bumper Side Bracket LH	1		\$ 22.40
	Front Fender LH	1		\$ 663.00
	Front Fender Shield LH	1		\$ 174.90
	Front Fender Retainer LH	1		\$ 217.20
	HeadLamp LH	1		\$ 1,388.00
	Front Wheel Cap LH	1		\$ 217.20
	Headlamp Support Panel	1		\$ 907.40
	Wing Mirror LH	1		\$ 670.00
	SUB TOTAL			\$ 5,334.30
	LESS 20%			\$ 1,066.86
	DISCOUNTED TOTAL			\$ 4,267.44
	Frt Wheel Tyre LH	1		\$ 216.00
	Labour Charge			
	Panel Beating - <u>Rear Fender LH etc</u>			\$ 1,200.00
	Spray Painting Charge - <u>Rear Fender LH etc</u>			\$ 1,200.00
	Check Lightings			\$ 40.00
	Tuff Kote			\$ 40.00
	Wheel Alignment			\$ 120.00
	Towing Fee			-
	TOTAL LABOUR			\$ 2,600.00
	ESTIMATE TOTAL			\$ 7,083.44

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 92495749
 WP, 27/12/22 e 450
 C/S rising after repair
 Tanpin C. Khantawon
 2-3 days

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
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

S

E

Date/Time: 27.06.2022 15:39

Page : 1

um: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4299712

JC NO305521308

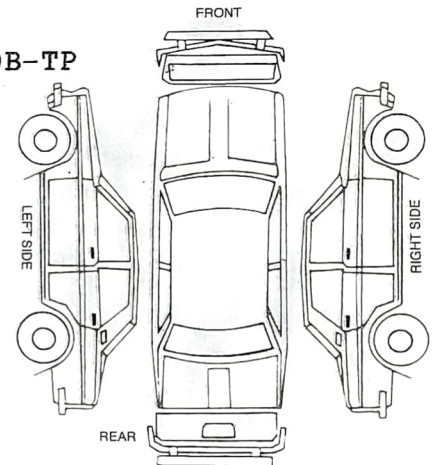
MEMBER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) UNIT CARD NO.	REGN NO: SHC8200B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 26.06.2022 20:45
	YR OF MANU. 09.06.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU091330	COMPLETION DATE/TIME:

cident Date: 26.06.2022
TURE: 3P 26.06.2022

JOB DESCRIPTION

NO	LABOR CODE
0010	PB
0020	23-01

DESCRIPTION
LUMP SUM REPAIR-SHC8200B-TP
TOWING FEE



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.:

SHC8200B

No.: **SHC8200B** **LIMITS**

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard