

ASS. REC. BY: Taufik

REF:

NS/ INC 22007335/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: SLF 8441J

Policy No. _____

Claims No. MT/1182256-002

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 Report: _____ 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 WR

Date: _____ Person Contacted: Lim TS

Vehicle: IN / OUT

Veh No: SMD 4699S Yr Regn: 2020, Oct

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

Truck / Trailer or

Make: Hunter C.C. 1580

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

Sp. Reading: 20/209 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC85/CV2419/613

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: 20

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

TOYO / YOKO or Wipac

Front Rear

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

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

D.O.A. 30/7/2022 D.O.I. 1/8/22

Survey held at Confort

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

26/9/22 Taufik informed final fig \$3536.56 (Red 1410.04, 28%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 26/9/22-typist

Rep. Format: TP

Lump Sum / I.B.R. / \$3536.56

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Effective Date: 1 Nov 2020

LKK -

INSURANCE: NTUC CP(P)

MVA: LIM T S

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$ 481.10
	Front Bumper Clips	10	\$ 2.20	\$ 22.00
	Front Bumper Upper Moulding	1		\$ 368.50
	Frt Fender RH	1		\$ 588.80
	Frt Fender BlueDrive RH	1		\$ 26.60
	Headlamp RH	1		\$ 2,110.30
	DayLight RH	1		\$ 642.50
	DayLight Grille RH	1		\$ 93.45
	SUB TOTAL			\$ 4,333.25
	LESS 20%			\$ 866.65
	TOTAL SPARE PARTS			\$ 3,466.60
	<u>Labour Charge</u>			
	Panel Beating			\$ 800.00
	Spray Painting			\$ 600.00
	Check Wirings			\$ 40.00
	Tuff Kote			\$ 40.00
	TOTAL LABOUR			\$ 1,480.00
	ESTIMATE TOTAL			\$ 4,946.60

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 97495749
wp 1/8/77 @ 4pm
o/p Resny before paint
tanpin @ 11hambam
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
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Hyundai Ioniq

Date/Time: 01.08.2022 07:12

Page : 1

n: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4487932

JC No: 005524976

OMER

REGN NO.: SHD4699S

MILEAGE

3 COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

MAKE: HYUNDAI

FUEL

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

MODEL IONIQ(G3) 29.07.2022 15:00 DATE/TIME IN

YR OF MANU. 30.10.2020

TARGET DATE

CHASSIS CODE KMHC851CVLU191613

COMPLETION DATE/TIME:

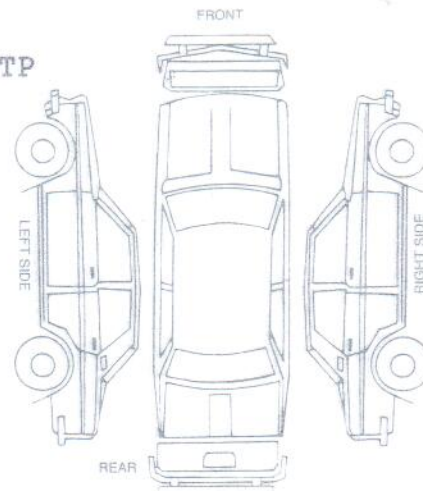
UNT CARD NO.

JOB DESCRIPTION

ident Date: 29.07.2022
URE: 3P 29.07.2022

O LABOR CODE
010 PB

DESCRIPTION
PANEL BEATING-SHD4699S-TP



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

o.: SHD4699S LIMITS

Vehicle No.: SHD4699S

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard