

ASS. REC. BY: Taughm

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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA57044 Yr Regn: 2017 Aug

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

Truck / Trailer or

Make: Toyota Proace C.C. 1798

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

Sp. Reading: 815427 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD KB 3F4 X 0356 3276

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: 7.5

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

TOYO / YOKO or Westlake

Front 6 mm Rear 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 6/10/22

Survey held at Comfort Agency

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

F + N/S

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

Date / Time Action / Instruction

TP-INC-SFR82604

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.E.F. (% _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

☐ S + RS ☐ SI

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LID

REPAIR ESTIMATE*

VEHICLE NO SHA5704U

30.07.2022

MAKE REG 30.08.2017

MODEL PRIUS G4

CHIANG /NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER ASSY			✓ \$586.18
10	FRONT BUMPER CLIP			✓ \$2.20
1	FRONT UNDER COVER			✗ \$180.80
1	FRONT BUMPER BRACKET LH			? \$77.00
1	FRONT RADIATOR GRILLE EMBLEM			✗ \$88.00
1	FRONT BUMPER HOLE LH			✗ \$28.38
1	FRONT HEADLAMP ASSY LH			✓ \$2,735.28
1	FRONT FOG LAMP LH			✗ \$290.00
1	FRONT FENDER SHIELD LH			✗ \$198.50
1	FRONT FENDER EMBLEM LH			✗ \$86.20
	SUB TOTAL			\$4,272.54
	25.00%			\$1,068.13
	DISCOUNTED TOTAL			\$3,204.40
1	FRONT FENDER ADVERTISEMENT			✗ \$100.00
				\$100.00
	Labour Charge			
	Panel Beating			350 \$850.00
	Spray Painting Charge			250 \$600.00
	Towing Fee			✗ \$60.00
	Reset front wheel alignment			✗ \$60.00
	Check Wiring & Lighting			30 \$60.00
	TOTAL LABOUR			\$1,630.00
	ESTIMATE TOTAL			\$4,934.40
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.				

Tanfer 97795749
 VP, 11/8/22 @ 430pm
 • 2 days
 c/b Resurvey after repair
 Tanfer Ckh ando. m

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: 01.08.2022 12:59 Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4493900 JC NO: 805525036

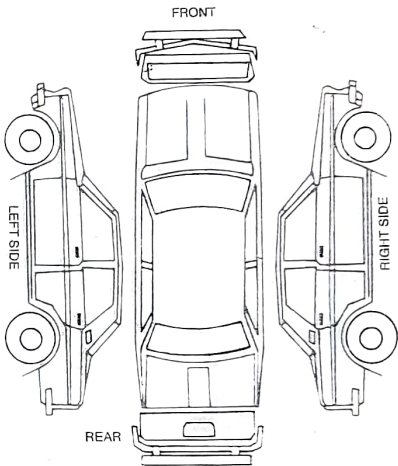
CUSTOMER
V/M/S COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
Tel (R) 65508755 (O)
(P)
COUNT CARD NO.

REGN NO.: SHA5704U	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)30.07	DATE/TIME IN .2022 15:25
YR OF MANU. 30.08.2017	TARGET DATE
CHASSIS CODE JTDKB3FUX03563246	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.07.2022
Accident Time: 3P 30.07.2022

NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

Vehicle No.: SHA5704U CHIANG

Vehicle No.: SHA5704U

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard