

ASS. REC BY: Taufik

REF:

INC

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / 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: _____ % S-Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Ms Loke

Vehicle: IN / OUT

Veh No: SHC3064E

Yr Regn: 24.6.89

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

Truck / Trailer or

Make: Toyota Prim

C.C. 1798

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 778007

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKBSF4303530201

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: 215/65R15

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

TOYO / YOKO or A 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. 11/8/22

Survey held at Conquest Gyn

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
28.09.2022	Taufikh confirmed LS \$2,500.00 ; 2 days with Ms Loke thru email. (Red 1,842.40 ; 42%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Report Format: TP

Lump Sum L.B.H. (\$) \$2,500.00

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD3064E

Date: 11/08/2022

Make : Toyota

Insurance: NTUC

Model : Prius

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRONT BUMPER FOG LAMP LH		?	\$ 920.00
1	HEADLAMP LH		ma	\$ 2,637.60
1	FRONT BUMPER COVER		de	\$ 586.18
1	FRONT BUMPER SIDE BRACKET LH		de	\$ 90.75
10	FRONT BUMPER CLIPS		up	\$ 22.00
SUB TOTAL				\$ 4,256.53
LESS 25%				\$ 1,064.13
DISCOUNTED TOTAL				\$ 3,192.40
FRT FENDER ADVERTISEMENT LOGO LH				\$ X 100.00
				\$ 100.00
Labour Charge				
PANEL BEATING				350 \$ 400.00
SPRAY PAINTING CHARGE				250 \$ 600.00
CHECK ALL LIGHTING				30 \$ 50.00
TOTAL LABOUR				\$ 1,050.00
ESTIMATE TOTAL				\$ 4,342.40

Nett

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.

Tanji 9741744
 WP 11/8/2023 45
 15 days after repair
 Tanji Chikentun
 2 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:

Date/Time: 11.08.2022 14:45 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4524987

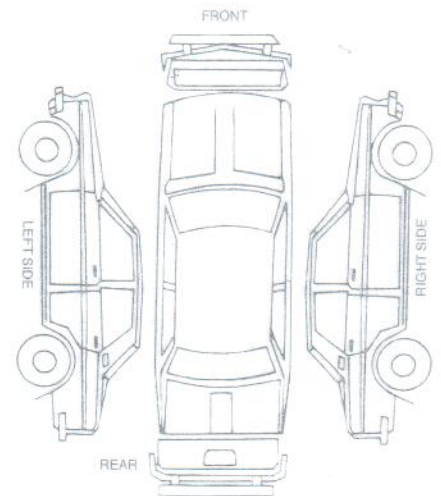
JC No: 305526206

CUSTOMER	REGN NO: SHD3064E	MILEAGE
IR/MS CUSTOMER NO ADDRESS Singapore SINGAPORE 575717 65508755	MAKE: TOYOTA	FUEL E.....1/2.....F
EL. (R) (P)	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 11.08.2022 12:40
	YR OF MANU. 20.09.2016	TARGET DATE
DISCOUNT CARD NO.	CHASSIS CODE JTDKB3FU303530251	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.08.2022
NATURE: 3P 11.08.2022

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

Vehicle No.:

Vehicle No.: SHD3064E

YY

Vehicle No.:

SHD3064E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard