

ASS. REC BY: Taufik

REF:

NS/INC 22007809/Tvc

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: SJC 2218S
 Policy No. _____
 Claims No. MT/1188537-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: 8407299T Yr Regn: 2018 / Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Myndu Liong C.C. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 437314 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHL 851 CVK 4121994
 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: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake

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: Arman Vehicle: IN / OUT

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 11/8/2022 D.O.I. 12/18/22
 Survey held at Compt Coying
 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
29/9/22	Taufikh informed LS \$1500 (Red 4726.62, 75%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____

Days Of Repair: 3
 Resurvey No. of Trip: 1

2) 29/9/22-typist

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

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

Rep. Format: TP
 Lump Sum / T.B. (\$ 1500)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHD7299T

DATE 11.08.2022

MAKE/REG 04.12.2018

MODEL : HYUNDAI IONIQ G2

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER			\$459.40
1	REAR BUMPER BRACKET RH			\$55.80
1	REAR DOOR MOULDING RH			\$110.10
1	REAR DOOR PANEL RH			\$2,147.90
1	FRONT DOOR PANEL RH			\$2,147.90
1	FRONT DOOR MOULDING RH			\$125.30
	SUB TOTAL			\$5,046.40
	LESS 20% DISCOUNTED TOTAL			\$1,009.28
				\$4,037.12
1	FRONT DOOR COMFORT STICKER			\$75.00
1	REAR DOOR COMFORT APP			\$80.00
				\$139.50
	Labour Charge			
	Panel Beating			\$900.00
	Spray Painting Charge			\$1,000.00
	Remove/refix Door Part			\$90.00
	Check Wiring			\$60.00
	TOTAL LABOUR			\$2,050.00
	ESTIMATE TOTAL			\$6,226.62

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.

Handwritten notes:
 9249524 6
 WP' 12/8/22 4pm
 03 days
 C/S using after repair
 fuphr. C. Mouton

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:

Sam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4525112

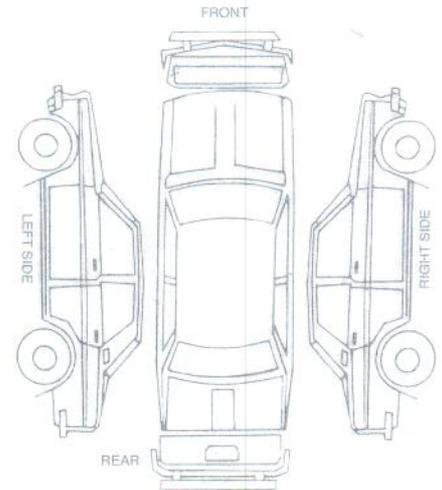
JC No: 805526300

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L. (R) 65508755 (O) (P) ACCOUNT CARD NO.	REGN NO: SHD7299T	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 11.08.2022 16:20
	YR OF MANU. 04.12.2018	TARGET DATE
	CHASSIS CODE KMHC851CVKU121994	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.08.2022
 Nature: 3P 11.08.2022

/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHD7299T** **CHIANG**

Vehicle No.: **SHD7299T**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard