

ASS. REC BY: THURM

REF: ATAC

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: 2 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: SHAI7495 Yr Regn: 8/12/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: blue Hyundai c.c. 1685
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 1064801 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: mmHLP4umHu96681
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: NII / S(Rim) / STD A/Rim or _____
 Tyre Size: F: 206/60R16
 R: 206/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 7/6/22 D.O.I. 8/6/22 15/5
 Survey held at CO602
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

1)

2)

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, \$ _____

Photos

Others

TOTAL

Our Job Ref No : 305518854
Date : 15.06.2022

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

FINALIZATION FORM

To : LKK
Attn : THEVAN
Vehicle Reg No. : SHA1749S

Fax :

07.06.2022

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC GBC2461A
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges
- Total for Part-By-Part Repair Cost**
- (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost \$2,250.00

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature: 

Signature: 

Name : CHIANG

Name :

Tel : 62148314

Date :

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid	-	N		
3. Survey Fees	-	-		
4. LTA Search Fee	\$7.49/\$2.00	YES		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE*

07.06.2022

MODEL I-40

CHIANG/ NTUC

	280
	350
	30
	30

Thruvan
82235769
8/16/22 15/5
L/S delayswp

- 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: 08.06.2022 12:40

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4254396

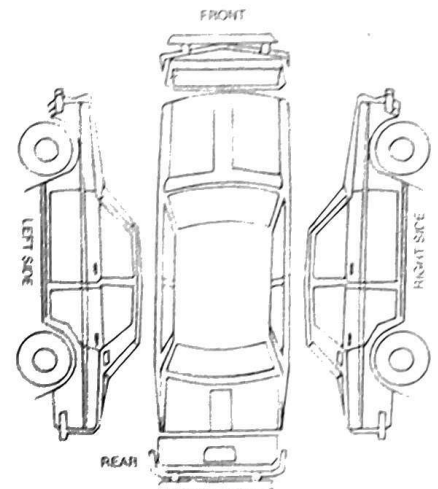
JC NO.305518854

CUSTOMER NAME COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (P) 65508755 (Q) (P) COUNT CARD NO.	REG NO SHA17498	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 08.06.2022 08:50
	YR OF MANU 08.12.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMHU096681	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 07.06.2022
NATURE: 3P 07.06.2022

3/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

No.: SHA17498

CHIANG

Vehicle No.:

SHA17498

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard