(08/11/13)

ASS. REC. BY: Thevan | REF: Ntuc

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: ______

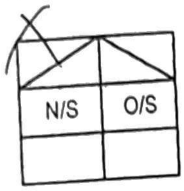
Policy No. ______

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.

Bal. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: ______ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date ______ Person Contacted: ______

Veh No: SHA7152Z Yr Regn: 13/2/20

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

Truck / Trailer or ______

Make: Hyandai Ioniq c.c 1580

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

Sp.Reading 358255 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: KMHC851CULU189135

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: 195/65R15

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.	5/6/22	D.O.I.	6/6/22 1630

Survey held at CDGE

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

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) ______

☐ : Prell. Report

☐ : Final Report

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee: ______

Transportation: ______

__S + RS,__SI ______

Photos ______

Others ______

TOTAL ______

Report Format : ______

Lump Sum / I.B.I: ($ ______)

Our Job Ref No : 305518540
Date : 08/06/22

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Attn : Mr Thevan

Fax :

Vehicle Reg No. : SHA7152Z

05.06.2022

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

1. The repair job shall bill to: **NTUC -- SFP3088Y**
2. The finalized amount shall be:
   (a) Spare Parts after List discount
   (b) Labour Charges
   Total for Part-By-Part Repair Cost **$0.00**
   (c.) Lumpsum Repair (if applicable)
   Total for Lumpsum repair cost after Less: 20%
   Final Lumpsum Repair cost **$3,700.00**
3. Estimated normal period for repairs: 3 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.

Signature :
Name : Ms. Loke YY
Tel : 62148355
Fax : 65468156

We confirm the estimates and finalized amount

Signature :
Name :
Date :

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		NO		
3. Survey Fees				
4. LTA Search Fee	$7.49 / $2.00			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
[illegible]
Workshops
[illegible]

Date/Time: 06.06.2022 10:57 Page : 1

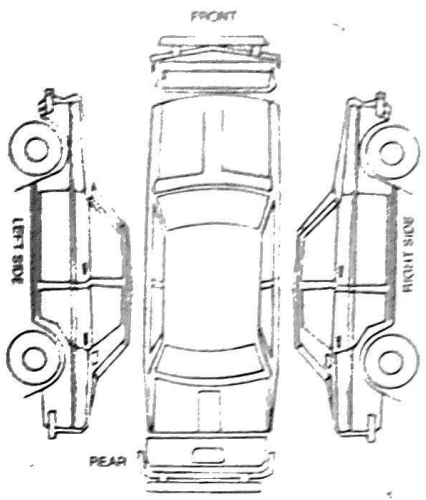
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 4253890 JC NO 305518540

USTOMER		REGN NO SHA7152Z	MILEAGE
P/MS	COMFORT TRANSPORTATION PTE LTD		
USTOMER NO	7010045	MAKE HYUNDAI	FUEL E 1/2 F
DDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL IONIQ(G3)	DATE/TIME IN 06.06.2022 08:40
EL (R)	65508755 (O)	YR OF MANU 13.02.2020	TARGET DATE
(F)		CHASSIS CODE KMHC851CVLU189135	COMPLETION DATE/TIME
SCOUNT CARD NO			

JOB DESCRIPTION

Accident Date: 05.06.2022
NATURE: 3P 05.06.2022`

S/NO	LABOR CODE	DESCRIPTION



EQXED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

knowledgement Slip

e No SHA7152Z YY

of Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7152Z

Name of Service Advisor

Date

To be kept by Security Guard

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA7152Z
Make : HYUNDAI
Model : IONIQ(G3)

Date: 06.06.2022
Insurance: NTUC
MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT BUMPER COVER			$ 481.10
10	FRT BUMPER CLIPS			$ 22.00
1	FRT BUMPER SIDE BRACKET LH			$ 28.00
1	FRT BUMPER CENTRE MOULDING UPPER			$ 368.50
1	FRT BUMPER MOULDING LH			$ 93.60
1	HEADLAMP SUPPORT PANEL ASSY			$ 949.30
1	DAY LIGHT LH			$ 642.50
1	HEADLAMP LH			$ 2,110.30
1	FRT FENDER LH			$ 588.80
1	EMBLEM - BLUE DRIVE LH			$ 26.60
1	FRT WHEEL HUB CAP LH			$ 346.40
1	FRT FENDER SHIELD LH			$ 164.70
	SUB TOTAL			$ 5,821.80
	LESS 20%			$ 948.13
	DISCOUNTED TOTAL			**$ 4,873.67**
	FRT FENDER ADVERTISEMENT STICKER LH			$ 100.00
				$ 100.00 nett
	Labour Charge			
	PANEL BEATING			$ 1,100.00
	SPRAY PAINTING CHARGE			$ 600.00
	TUFF KOTE			$ 60.00
	CHECK LIGHTING / WIRING			$ 60.00
	TOTAL LABOUR			**$ 1,820.00**
	ESTIMATE TOTAL			**$ 6,793.67**

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.

Thevan
82235969
6/6/22 1630
P/P 3daysWP
L/S

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: