ASSIGNMENT  Proix: Dale: SHALL OF QIM: Yr Regnt: 96 // Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Make   Duny   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Make   Duny   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Make   Duny   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Make   Duny   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Make   Duny   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Make   Duny   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Make   Duny   Lorry   Gail   Prime Mover    Type: M.Carl M.Cycle   Bus   Yan   Lorry   Gail    Typ	(08/11/-3) REF	(INC)2008263 VVC
From. Date: Veh No. SHINLY Q W Yr Regn: 16 // Type: M. Carl M. Cycle is Bus I Van / Lorry (Fab) Prime Nover I  Truck / Trailer  Truck / Traile	ASS. REC. DI. 114 OCCVI	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
Standard Cost:  On ITP INSTITERS JOD RES JEVA INV J MV  To Inspect Vehicle No all Workshop mile of all Workshop mile of Claims No.  Sum Insured:   Excess:		SHAUGGIM Yr Regn: 7/6 1/6
Truck / Traillet or  OD / TP / MS / TP RES / OD RES   EVA / INV / INV  To Inspect Vehicle Nor  Insured:  Ode which will be a compared to the following of the f	From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax) / Prime Mover /
To inspect Vehicle No:  at Workshop m/s of Insured:  Policy No.  Claims No.  Sum Insured:  (Client's Record)  Make of Vehic.  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Clay Res:  Consistent?: Yes or No  GIA: PR Seer:  CA: I REV / REP. J. 24 HRS  Vehicle: IN/OUT  Date:  Person Conspected:  Vehicle: IN/OUT  Date:  Person Conspected:  The UIC / Chessis frame   Body Structure affected due to collision.  Pays Of Repair:  Resurvey No. of Trip:  Transportation:  Resurvey No. of Trip:  Transportation:  Resurvey No. of Trip:  Transportation:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Transportation:  Survey Fee:  Transportation:  Transp	Estimated Cost:	- La Tarillar or
To inspect Vehicle No:  at Workshop mils  of  insured:    Sum insured:   Sum insu	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Huandai 140 c.c [685]
of Insured Insured Insured Claims No Claims No Claims No Sum Insured.  Excess:  (Clear's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  (DAC Acaddent Roort Date / Time Action / Instruction  Date / Time Action / Instruction  Outclime, Fie Pass to?  Insured  Sp. Reading  Fig. 1  Sp. Reading  Fig. 1  CNo:  (Vi)   LB   L L L L L L L L L L L L L L L L		A/C: Insured / Std / W/ 143
Insured:	at Workshop m/s	
Insured: Policy No. Claims No. Sum Insured: (Clerk Record) Make of Vehr.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Ball or Merket Value: (DAC Accident Roort: Consistent?: Yes or No Est Repairs: Lum Sum: 9, 3 Val.: Yes or No CLAIMS Mr.  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date:  Person Contacted:  Person Contacted:  Person Contacted:  Person Contacted:  Person Contacted:  Date:  Person Contacted:  Person Contacted:  Person Contacted:  Person Contacted:  Person Contacted:  Date:  Person Contacted:		16016
Claim No.   Clai	Insured:	T401/R/11 000/01/57
Steering: Forder   Jammed   Leaked   Burnt or	Policy No.	Gen Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:   Regret   Jammed   Leaked   Burnt or	Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
(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 Acident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Lum Sum:  Solution:  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time		Broke: Inorder / Jammed / Leaked / Burnt or
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Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Lum Sum:  Mays Res.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time	repair at the time of inspection.	Rear
Date / Time	Bat or Market Value:	
Est. Repairs:  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date/Time   Action / Instruction  Date/Time, File Pass to?  Date/Time, File Return to?  Add Fee:  Survey held at  Days Of Repair:  Resurvey No. of Trip:  Transportation:  Survey Fee:  Transportation:  Add Fee:  Interview (\$ )  Photos  Others  Report Format:  Weekend (\$ )	Consistent?: Yes or No	1/Dal.
Est. Repairs:	CONSISTENT?: Yes or No	D.O.I. 6/6/22/330
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  Date/Time, File Pass Io?   : Final Report   : Final Report   : Final Report   : Interview (\$	days Res.: Yes or No	
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.    Date / Time   Action / Instruction	3 Val.: Yes or No	Survey neld at
Date / Time   Action / Instruction    Date / Time   Preli. Report    Days Of Repair:    Resurvey No. of Trip:   Survey Fee:    Transportation:    Transportation:    Transportation:    Salvey Fee:    Transportation:    Salvey Fee:    Transportation:    Transportation:    Salvey Fee:    Transportation:    Transportati	L DALIDS	
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Tumn Suill / Duit /V	Lump Sum / I.B.I: (\$)	



## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

KMHLB41UMGU090157

Date/Time: 06.06.2022 14:16

Page: 1

Team:

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4253930

JC NO.305518556

REGN NO.: SHA4991M

MILEAGE

DDRESS

(P)

COMFORT TRANSPORTATION PTE LTD

7010045

JSTOMER NO. 7010045
DDBESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755 EL. (R)

MAKE: HYUNDAI E....1/2..... MODEL I-40 06.06.2022 10:20

YR OF MANU. 09.06.2016

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

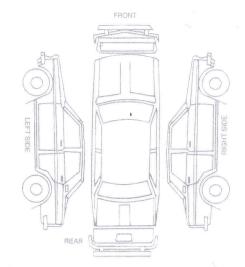
Accident Date: 06.06.2022 NATURE: 3P 06.06.2022'

e returned to Service Reception upon collection

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
nowledgement Stip		Exit Pass	
e: lo.: cle No.: <b>SHA4991M</b>	CHIANG	Vehicle No.: SHA4991M	
			· .
e of Service Advisor	Signature/Date	Name of Service Advisor	Date

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## **REPAIR ESTIMATE\***

**VEHICLE NO** 

**SHA4991M** 

06.06.2022

MAKE

REG: 09.06.2016

MODEL

HYU- 140

CHIANG/ NTUC Type

MODEL	HYU- 140	Type CHIANG/	NIUC		
Qty	Parts Description/ Labour	Unit Price	Amount		
1	REAR BUMPER COVER	-	\$553.00		
1	REAR BUMPER LOWER COVER		\$228.00		
1	REAR BUMPER REINFORCEMENT		\$428.40		
10	REAR BUMPER CLIPS	\$2.20	\$22.00 100		
2	REAR BUMPER BRACKET LH/RH	\$35.60	\$71.20 100		
2	REAR BUMPER REFLECTOR LH/RH	\$32.00	\$64.00		
	SUB TOTAL		\$1,366.60		
	20.00%		\$273.32		
	DISCOUNTED TOTAL		\$1,093.28		
			-0		
1	REAR BUMPER MAT		\$50.00 Mec \$100.00 Mec		
2	REAR FENDER ADVERTISEMENT	5.	\$100.00 Nec		
1	REAR BUMPER ADVERTISEMENT		\$50.00		
1	REAR REVERSE SENSOR		\$135.70 lu		
			\$422.13		
	Labour Charge				
	Panel Beating		\$450.00 28		
	Spray Painting Charge		\$600.00 2		
	Remove/refix reverse sensor		sen on 13°		
	Check Lighting & Wiring		\$40.00		
	TOTAL LABOUR		\$1,150.00		
	55713.5-5-5-5	1	62.665.44		
	ESTIMATE TOTAL		\$2,665.41		
	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 82235769 6/6/22 1530 US Zdaysup

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:



Our	Job Ref	No :	305518556		ENG	INEERING
Date : 10.06.2022		ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969				
FINA	ALIZATI	ON FORM				
То	:		LKK		Fax:	
Attn	:		THEVAN			
Vehi	cle Reg	No. : SHA4	991M	CONTRACTOR OF THE CONTRACTOR O		06.06.2022
The	survey	and estimates of	the repairs of the above-me	ntioned vehicle	e are as follows:	<b>*</b> .
Z	The r	epair job shall bill	to:	NTUC		GBF7850L
2.	The f	inalized amount s	hall be:			
	(a)	Spare Parts afte	r List discount			
	(b)	Labour Charges				
		Total for Part-B	y-Part Repair Cost			All the control of th
	(c.)	Lumpsum Repa	ir (if applicable)			
	(0.)	Total for Lumps	um repair cost after Less:	_ M_ 100 M_ 100 C C C C C C C C C C C C C C C C C C	act.	\$1,350.00
		Final Lumpsum	i Repair cost			\$1,350.00
3.	Estim	ated normal perio	d for repairs:	<b>2</b> wo	orking days.	
4.			ove amount as Correct an	d Confirmed i	f there is no rep	oly from you within
		king days				
5.	Thanl	k you for your ass	istance.		e confirm the es alized amount	timates and
			11			$\Omega_{\epsilon}$
	0.		11/	C:	anatura:	
	Signa				gnature :	
	Name		4		ate :	
	Tel	62148314		<i>U</i> a	ite .	way and the second seco
	Fax	65468156	)			
or (	Official	Use Only				
		Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
. R	ental R	ate P/Day		YES		
-		ncome Paid	•	N		
3. S	urvey F	ees	Mer	4.5		
		rch Fee	\$7.49/\$2.00	YES		
. M	ledical F	ees (on behalf				
	f driver, verrun	if applicable)	The state of the s			
2om	arks:					
CITIE	uind.					