

AS: REC BY: Touffin

REF:

INC.

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / NS / 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: _____

Veh No: SHA40614 Yr Regn: 2019 Jrc.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ioniq C.C. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 57289 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHC851CCKY/64332
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____

(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: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: Chitany
 Vehicle: IN / OUT

Tyre Size: F: 195/65R15
 R: -
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or 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. 27/10/22
 Survey held at Conpet Logay
 Des. of Damages: Frit / Rear / O/S / N/S / U/C / Rooftop or
Fvt o/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / I.B.H. (%) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO **SHA4061Y**
 MAKE **REG.30.10.2019**
 MODEL **: HYU IONIQ G3**

DATE **27.10.2022**

CHIANG/ ~~AT~~ INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER BRACKET RH			X \$55.80
1	FRONT BUMPER			to- \$481.10
1	FRONT BUMPER GRILLE RH			cut- \$186.50
1	FRONT BUMPER MOULDING CENTRE UPPER			X \$368.50
1	FRONT DAY LIGHT RH			X \$642.50
1	FRONT FENDR SHIELD RH			? \$164.70
1	HEAD LAMP RH			X \$2,110.30
1	FRONT FENDER RH			bt- \$588.80
1	FRONT FENDER EMBLEM			wa- \$26.60
1	FRONT WHEEL COVER			cut- \$346.40
	SUB TOTAL			\$4,971.20
	20.00%			\$994.24
	DISCOUNTED TOTAL			\$3,976.96
1	FRONT FENDER ADVERTISEMENT			cut- \$100.00
				\$100.00
	Labour Charge			
	Panel Beating			350 \$700.00
	Spray Paint			\$500 \$600.00
	Check lighting			X \$60.00
	Towing Fee			X \$60.00
	TOTAL LABOUR			\$1,420.00
	ESTIMATE TOTAL			\$5,496.96
<p><i>Tanpin 9741 5749</i> <i>WP 27/10/22 @ 430pm</i> <i>1/2 hour after repair</i> <i>Tanpin @ Khantowu</i> <i>2 days</i></p>				
<p>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.</p>				

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: _____

A member of COMFORTDELGRO

Date/Time: 27.10.2022 14:28 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5116941

JC NO 305534399

CUSTOMER /MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 Tel (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO.: SHA4061Y	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ	DATE/TIME IN 27.10.2022 10:10
	YR OF MANU. 26.06.2019	TARGET DATE
	CHASSIS CODE KMHC851CVKU164332	COMPLETION DATE/TIME:
	(Empty space for notes)	

JOB DESCRIPTION

Accident Date: 27.10.2022
 NATURE: 3P 27.10.2022

3/NO	LABOR CODE	DESCRIPTION
(Empty space for job description details)		

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: **SHA4061Y** **CHIANG**

Vehicle No.: **SHA4061Y**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard