

A.S.S. REC BY: Taufik

REF:

NS/INC 22010732/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: **GBH 6138G**

Policy No: _____

Claims No: **MT/1194465-002**

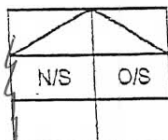
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Amey

Veh No: **SHB3640C** Yr Regn: **2029 Jan.**

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

Truck / Trailer or

Make: **Hyundai** C.C. **1580.**

Colour: **Yellow** A/C: Insured / Std / NI / NA

Sp. Reading: **466140** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHK851C664784173**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: **NT** / S/Rim / STD A/Rim or

Tyre Size: F: **195/65 R15**

R: **u**

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. **27/10/22** D.O.I. **27/10/22**

Survey held at **Comfort Logg**

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

8/11/22 Taufikh informed LS \$3000 (Red 3100.04, 50%)

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

2) 8/11/22-typist

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Form: **TP**

Lump Sum / LS: **\$3000**

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHB3640C

DATE 27.10.2022

MAKE/REG 10.08.2018

MODEL : HYUNDAI IONIQ G2

CHIANG/INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	TAIL LAMP LH			and ✓ \$935.40
1	REAR FENDER LH			Ry ✓ \$1,768.30
1	REAR DOOR HANDLE LH			cut ✓ \$108.40
1	FRONT WING MIRROR LH			bu ✓ \$1,391.70
	SUB TOTAL			\$4,203.80
	LESS 20%			\$840.76
	DISCOUNTED TOTAL			\$3,363.04
1	FRONT DOOR ADVERTISEMENT			cut ✓ \$100.00
1	REAR DOOR ADVERTISEMENT			cut ✓ \$100.00
1	FRONT DOOR CITY CAB STICKER			ref ✓ \$75.00
1	REAR DOOR COMFORT APP STICKER			ref ✓ \$80.00
1	PETROL STICKER			ref ✓ \$25.00
1	REAR FENDER ADVERTISEMENT			cut ✓ \$100.00
				\$462.00
	Labour Charge			
	Panel Beating			525 ✓ \$1,225.00
	Spray Painting Charge			850 ✓ \$900.00
	Remove/refix Upholstery			X ✓ \$90.00
	Check Wiring			70 ✓ \$60.00
	TOTAL LABOUR			\$2,275.00
	ESTIMATE TOTAL			\$61,000.04
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.				

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:

Tanji Mi 9949549
 WP 27/10/22 2 430 pm
 4/5 many after repair
 Tanji Mi 1/11/2022
 03 days

Date/Time: 27.10.2022 15:48

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5117011

JC NO: 305534521

CUSTOMER

MS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

COUNT CARD NO.

REGN NO:

SHB3640C

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

DATE/TIME IN

27.10.2022 11:50

YR OF MANU.

16.01.2020

TARGET DATE

CHASSIS CODE

KMHC851CVLU184143

COMPLETION DATE/TIME:

JOB DESCRIPTION

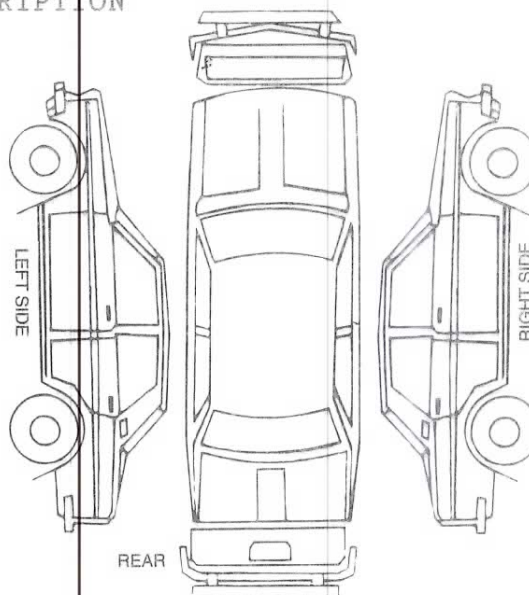
Accident Date: 27.10.2022
NATURE: ACCIDENT REPAIR (AR)

SLIP/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3640C

CHIANG

Vehicle No.:

SHB3640C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard