

ASIS REC BY: Taufik

REF:

INC

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: _____

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 Report: _____ 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 wpDate: _____ Person Contacted: ms luke

Vehicle: IN / OUT

Veh No: SHC8747RYr Regn: 2016 / Jan

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

Truck / Trailer or

Make: Hyundai 140C.O. 1685Colour: blue

A/C: Insured / Std / NI / NA

Sp. Reading: 685104

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41 4M GU 083225

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or westlake

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 03/10/22Survey held at Confort Logen

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt o/s

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

Date/Time Action/Instruction

Taufikh finalised LS \$2150, 2 days. (Red \$3496.64, 62%)

Date/Time, File Pass to?

☐ : Preli. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. invs (\$ _____)☐ : Weed and (\$ _____)Report Form: TPLum Sum: 2150

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No.: SHC8747R

Date: 03/10/2022

Make : HYUNDAI

Insurance: INCOME

Model : I-40

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount	
1	FRONT BUMPER COVER			\$ 1,052.20	fr -
10	FRT BUMPER CLIPS			\$ 22.00	na -
1	FRT BUMPER SIDE BRACKET RH			\$ 28.60	de -
1	HEADLAMP RH			\$ 1,388.00	X
1	FRT BUMPER GRILLE RH			\$ 187.20	X
1	RADIATOR GRILLE			\$ 1,480.00	one -
1	RADIATOR GRILLE H EMBLEM			\$ 129.50	ne -
1	FRT BUMPER REINFORCEMENT			\$ 588.40	?
1	HEADLAMP SUPPORT PANEL			\$ 907.40	X
	SUB TOTAL			\$ 5,783.30	
	LESS 20%			\$ 1,156.66	
	DISCOUNTED TOTAL			\$ 4,626.64	
					Nett
				\$ -	Nett
	Labour Charge				
	PANEL BEATING			\$ 600.00	280
	SPRAY PAINTING CHARGE - LH RH A PILLAR			\$ 300.00	250
	TUFF KOTE			\$ 60.00	X
	CHECK ALL LIGHTING			\$ 60.00	X
	TOTAL LABOUR			\$ 1,020.00	
	ESTIMATE TOTAL			\$ 5,646.64	

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.

Tanpin 274 1574 1
 WP' 2/10/22 @ 4pm
 2 days
 L/S Rising after repair
 Tanpin & Mhanto-ur

- 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

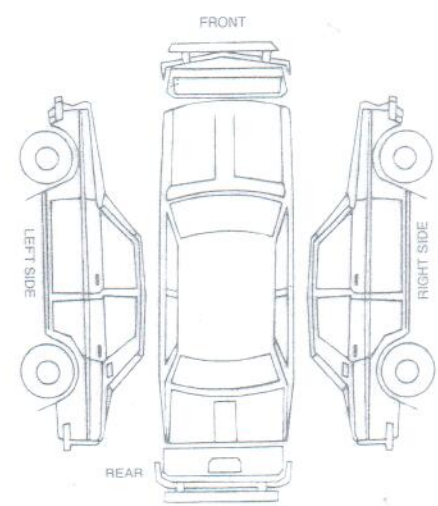
Signature:

Team: ARC Repair TP(CLSO)1		JOB CARD Sales Order: 4944666		JC No: 805532077
CUSTOMER		REGN NO:	SHC8747R	MILEAGE
MR/MS COMFORT TRANSPORTATION PTE LTD		MAKE:	HYUNDAI	FUEL
CUSTOMER NO. 7010045		MODEL	I-40	E.....1/2.....
ADDRESS 383 SIN MING DRIVE		YR OF MANU.	07.01.2016	DATE/TIME IN
Singapore SINGAPORE 575717		CHASSIS CODE	KMHLB41UMGU083225	03.10.2022 10:20
TEL. (R) 65508755 (O)		COMPLETION DATE/TIME:		
(P)				
DISCOUNT CARD NO.				

Accident Date: 03.10.2022
NATURE: 3P 03.10.2022

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

Vehicle No.:

Doc No.:

Vehicle No.: SHC8747R YY

SHC8747R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard