

REC BY: Tau J M

REF:

NS/INC: 23001525/Tnp3

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. _____

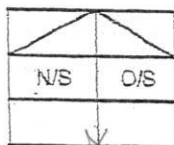
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

Veh No: SHC572E

Yr Regn: 2019 April

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: 412566 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL851CVKU=140993

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 2

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /

TOYO / YOKO, or Waste

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 6/2/23

Survey held at

Comfort bying

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?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Weekend (\$)

3 - RS. St.

Photos

Other

Report Format: _____

Lump Sum / L.B. / %

REPAIR ESTIMATE*

DATE: 06.02.23
MVA JUMANI
DOA: 04.02.23

INCOME[illegible]

LKK Auto Consultants hence notify

vehicle. The final repair quantum will be determined by the insurance company.

- Parts prices are subject to confirmation
- Third party survey on a "Without Prejudice" basis
- No illegal modification(s) allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date:

Date/Time: 06.02.2023 13:59

Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5812113

JC NO.305544764

OMER

REGN NO:

SHC 572E

MILEAGE

IS CITYCAB PTE LTD

7010070

MAKE:

HYUNDAI

FUEL

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

OMER NO

383 SIN MING DRIVE

MODEL

IONIQ(G2)

DATE/TIME IN 04.02.2023 17:50

Singapore SINGAPORE 575717

65551188

YR OF MANU

23.04.2019

TARGET DATE

(P) (O)

CHASSIS CODE

KMHC851CVKU140993

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

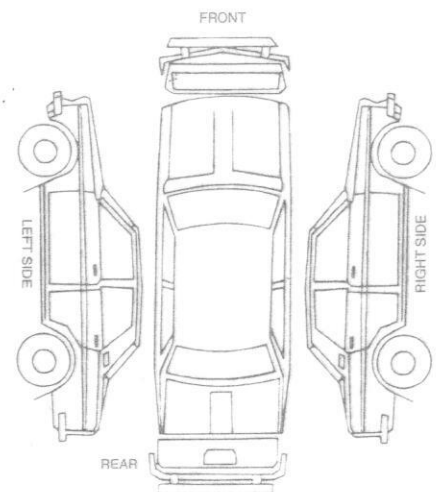
ccident Date: 04.02.2023

ATURE: 3P.04.02.23

/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHC 572E

JU INCOME

Vehicle No.:

SHC 572E

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO
ENGINEERING**

Our Job Ref No : 305544764

Date 08.02.23

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

To : LKK

Fax :

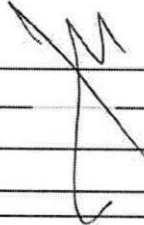
Attn : Mr TAUFIKH

Vehicle Reg No. SHC 572E

Date of Accident : 04.02.23

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

1. The repair job shall bill 703A **INCOME** **SMZ6432G**
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% **\$1,250.00**
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 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. We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 62148315

Fax : 65468156

Signature : _____

Name : TAUFIKH

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	----	---		
LTA Search Fee	26.75/2.00	YES		
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks: