

RECEIVED: 2019/09/01 REF: CTI

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / DP / VS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
Workshop in: _____

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 Seat: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 36332 Yr Regn: 2019 Sep.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: Hyundai Lonig C.C. 1580

Colour: Yel/Wh A/C: Insured / Std / NI / NA

Sp. Reading: 327999 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KUMH0851CUL4778389

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____ R: _____

195/65 R15

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

TOYO / YOKO, or

Winstake

Front

Rear

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

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

D.O.A. _____ D.O.I. 27/2/23

Survey held at

Comfort Logon

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

O/S Rear

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?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp. \$ _____

☐ : Interview \$ _____

☐ : Test. Fee \$ _____

Report Form of: _____

Long Sum / L.B.R. If _____

REPAIR ESTIMATE

Model : IONIQ(G3)

MVA: MS. LOKE YY

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.	
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Taylor 92495749
w/ 7/12/23 @ 4pm
Many after repair
Taylor C/Phantom
2-3 days

- 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:

- "The survey must be conducted on a non-discriminatory basis"
- "The survey must be conducted on a non-discriminatory basis"
- "The survey must be conducted on a non-discriminatory basis"

added by Repairer

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

329 Ubi Road 8 Singapore 408649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 7687

Date/Time: 27.02.2023 09:50

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Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5887271

JC NO305546614

CUSTOMER

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

SCOUT CARD NO.

REGN NO:

SHB3633Z

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN
25.02.2023 11:40

YR OF MANU.

24.09.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU178589

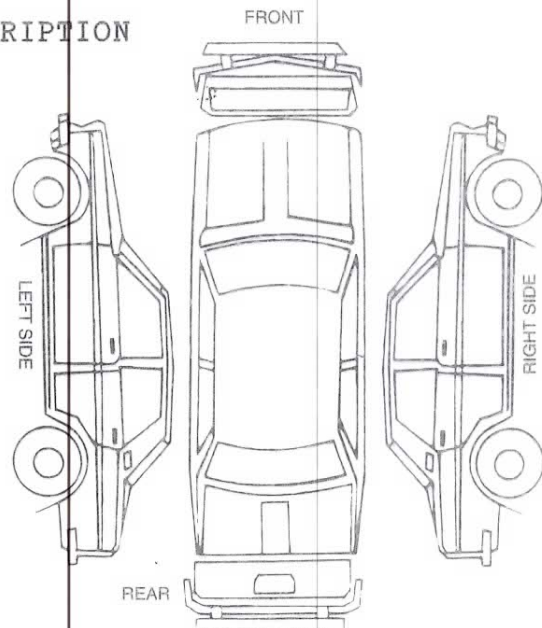
COMPLETION DATE/TIME:

Accident Date: 24.02.2023
NATURE: 3P 24.02.2023

S/NO LABOR CODE

JOB DESCRIPTION

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

BY:

NO.:

Vehicle No.: SHB3633Z YY

Vehicle No.:

SHB3633Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard