

ASS. REC. BY: Taufikh

REP:

100 NS/INC23003762/Tqy3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / 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 Rpt: _____ 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
 Date: _____ Person Contacted: Juman Vehicle: IN / OUT

Veh No: 54A 8136P Yr Regn: 2016, Aug
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 140 c.c. 1685
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 740981 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB414MGU 093527
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R14
 R: 74
 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. 11/4/23
 Survey held at Comfort Lodge
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
R to/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufikh finalised LS \$1100, 2 days. (Red \$395.20, 26%)

Date/Time, File Pass to? ☐ : Preli. Report

1) 03/05 Typist

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum 1100

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

INCOME (Usdum)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.04.2023

REPAIR ESTIMATE

Time: 08:46:30

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305550925
REGN NO : SHA8136P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 11.04.2023 08:00
ACCIDENT DATE : 06.04.2023

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0101-0111-G	BUMPER COVER CLIP FRT	10	22.00	20.00	17.60	net
0002	04-01-0103-2322-A	BUMPER W LIP & FOG LAMP C	1	1,052.20	20.00	841.76	fr
0003	04-01-0103-0640-G	BRACKET-FR BUMPER SIDE RH	1	44.80	20.00	35.84	?

SUB-TOTAL : 895.20

JOB NATURE

0000	L	PANEL BEATING LUBRICATE LOCK HINGES & HOOD LATCH					280
0001	SP	SPRAYPAINT CHARGE		300.00			250

SUB-TOTAL : 600.00

TOTAL : 1,495.20

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE

DATE:

Tanpin 97445747
WP 11/4/23 @ 4pm
L/S Resurvey after repair
2 days
Tanpin @ Wharton

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:

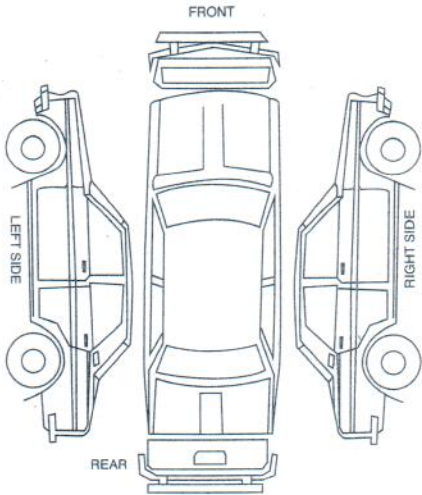
am: ARC Repair TP(CFSO)1 JOB CARD Sales Order: 5892568 JC NO305550925

OMER	REG NO. SHA8136P	MILEAGE
S CITYCAB PTE LTD 7010070	MAKE HYUNDAI	FUEL
OMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65551188 (O)	MODEL I-40 11.04.2023 08:00	E.....1/2.....F
(R)	YR OF MANU 25.08.2016	DATE/TIME IN
(P)	CHASSIS CODE KMHLB41UMGU093527	TARGET DATE
DUNT CARD NO.		COMPLETION DATE/TIME:

Accident Date: 06.04.2023
ATURE: 3P.06.04.23

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Jo.: SHA8136P JU INCOME

Vehicle No.: SHA8136P

Service Advisor Signature/Date Name of Service Advisor Date

turned to Service Reception upon collection To be kept by Security Guard