

ASS. REC. BY: Taujit

REF:

NS/ INC 23003767/Tvy3

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: **SMC 963B**

Policy No. _____

Claims No. **MT/1217627-002**

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHC 8339K** Yr Regn: **20201 Sep**

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

Truck / Trailer or

Make: **Toyota Prius Hybrid** c.c. **1798**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **354387** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **STDKCB3F4 30309 / 455**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

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

R: _____

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

TOYO / YOKO or **WexHabo**

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **9/4/2023** D.O.I. **11/4/23**Survey held at **Comfort byong**

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

o/s Frt.

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

Date / Time Action / Instruction

28/4/23 Lump Sum \$1900 confirmed by email (Red 4002.18, 67%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 28/4/23-typist

Report Format: **TP**Lump Sum / L.B. / F. **\$1900**Days Of Repair: **3**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO **SHA 8339K**
 MAKE **REG .31.05.2019**
 MODEL **PRIUS G4**

DATE 03.04.2023

CHIANG/INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT BUMPER COVER			\$586.18 RY
1	FRONT FENDER RH			\$1,111.93 RY
1	FRONT FENDER SHIELD RH			\$198.50 RY
1	FRONT DOOR PANEL RH			\$1,264.00 RY
1	FRONT WHEEL HUB COVER			nn \$189.60 X
1	FRONT WING MIRROR RH			nn \$1,728.70 RY
1	FRT BUMPER SIDE RETAINER RH /LH		\$77.00	LHX \$154.00 RY-? nn
	SUB TOTAL			\$5,232.91
	LESS 25%			\$1,308.22
	DISCOUNTED TOTAL			\$3,924.68
1	FRONT DOOR COMFORT LOGO STICKER			\$75.00 RY
				\$67.50
	Labour Charge			
	Panel Beating		525	\$900.00
	Spray Painting Charge		✓	\$800.00
	Reemove/Refix Door Part		X	\$90.00
	Check Wiring		X	\$60.00
	Reset Eheel Alignment		x?	\$60.00
	TOTAL LABOUR			\$1,910.00
	ESTIMATE TOTAL			\$5,902.18
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.				

Tanphu 97495749
 'wp' 11/4/23 345
 L/S Resurvey after repair
 Tanphu @ 11/4/23
 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

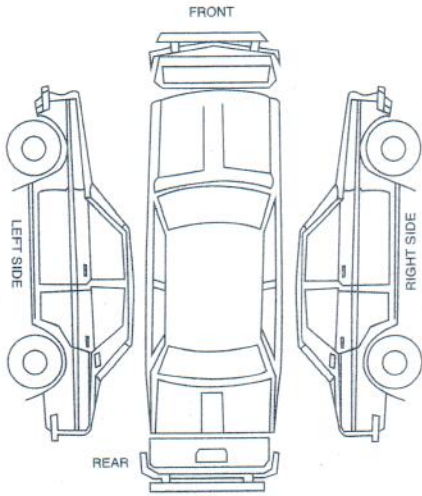
Acknowledged by Repairer

Signature:

Date:

eam: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 5892582 JC NO305550927

CUSTOMER MS CUSTOMER NO ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHC8339K	MILEAGE
		MAKE: TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4A09.	DATE/TIME IN 04.2023 15:45
		YR OF MANU. 30.09.2020	TARGET DATE
		CHASSIS CODE JTDKB3FU303091455	COMPLETION DATE/TIME:
	COUNT CARD NO.		

JOB DESCRIPTION	
Accident Date: 09.04.2023 NATURE: 3P 09.04.2023	
S/NO	LABOR CODE
DESCRIPTION	
	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wedgement Slip	Exit Pass
No.: SHC8339K CHIANG	Vehicle No.: SHC8339K
of Service Advisor	Name of Service Advisor
Signature/Date	Date
returned to Service Reception upon collection	To be kept by Security Guard