

ASS. REC. BY: Taught

REF:

INC

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: _____ 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: SHD3848K Yr Regn: 2018, Dec.

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

Truck / Trailer or

Make: Myunder Lany c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 425477 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 16M4C851CVK4/14515Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NR / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 24

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 12/4/25Survey held at Gangut Lany

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?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

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

Report Format: _____

Lump Sum / L&L: (\$ _____)

REPAIR ESTIMATE*

DATE:	12.04.23
MVA	JUMANI
DOA:	12.04.23

(L1 sum)
INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER ASSY			\$459.40
1	REAR BUMPER CENTRE MOULDING			\$451.25
1	REAR BUMPER BEAM			\$394.80
10	REAR BUMPER CLIPS			\$22.00
1	FOG LAMP REAR			\$201.50
1	ANTENNA SMARTKEY			\$40.50
1	REAR TOW COVER			\$98.80
1	REAR BUMPER CENTRE LOWER MOULDING			\$155.00
	SUB TOTAL			\$1,823.25
	LESS 20%			\$364.65
	DISCOUNTED TOTAL			\$1,458.60
	REAR NUMBER PLATE			\$50.00
	REVERSE SENSOR			\$180.00
	REAR BUMPER MAT			\$50.00
				\$280.00
	Labour Charge			
	PANEL BEATING			\$400.00
	SPRAY PAINT			\$300.00
	REMOVE / REFIX REVERSE SENSOR			\$50.00
	ADVETISEMENT LOGO - FENDER			\$200.00
	TOTAL LABOUR			\$950.00
	ESTIMATE TOTAL			\$2,688.60
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 and				

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
The final repair quantum will
No illegal modification(s) is/are to be
pointed by the insurance company and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date/Time: 12.04.2023 10:55

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5892766

JC NO305550992

OMER
S COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
(R)
(P)

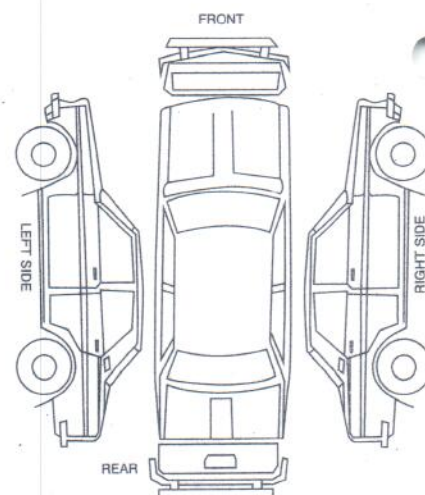
REGN NO: SHD3848K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 12.04.2023 09:25
YR OF MANU 11.12.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU114515	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.04.2023
ATURE: 3P.12.04.23

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHD3848K JU INCOME

Vehicle No.: SHD3848K

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard