ASS. REC. BY: Taufik | 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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA7746K Yr Regn: 2019 May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Loniq c.c 1580

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 413844 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVKU145903

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: 195/65R15

R: 〃

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.	17/4/23

Survey held at Comfort Lagoon

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: (% _____)

Survey Fee:	
Transportation:	
___S + RS. ___SI	
Photos	
Others	
TOTAL	

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHA7746K
Make : HYUNDAI
Model : IONIQ(G3)

Date: 17.04.2023
Insurance: INCOME
MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			$ 459.40
10	REAR BUMPER CLIPS			$ 22.00
1	REAR BUMPER SIDE BRACKET RH			$ 55.80
1	REAR WHEEL HUB CAP RH			$ 346.40
1	REAR BUMPER CTR MOULDING			$ 451.25
	SUB TOTAL			$ 1,334.85
	LESS 20%			$ 266.97
	DISCOUNTED TOTAL			**$ 1,067.88**
	RENEW ADVERTISEMENT STICKER			$ 100.00
			NETT	**$ 100.00**
	Labour Charge			
	PANEL BEATING			$ 400.00
	SPRAY PAINTING CHARGE			$ 600.00
	REMOVE/ REFIX REVERSE SENSOR			$ 60.00
	TUFF KOTE			$ 60.00
	TOTAL LABOUR			**$ 1,120.00**
	ESTIMATE TOTAL			**$ 2,287.88**

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.

Tanjhin 97495499
wip 17/4/23 @ 330pm
4/5 Resurvey after repair
2days
tanjhin @ Hougang

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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609386

Date/Time: 17.04.2023 14:58 Page : 1

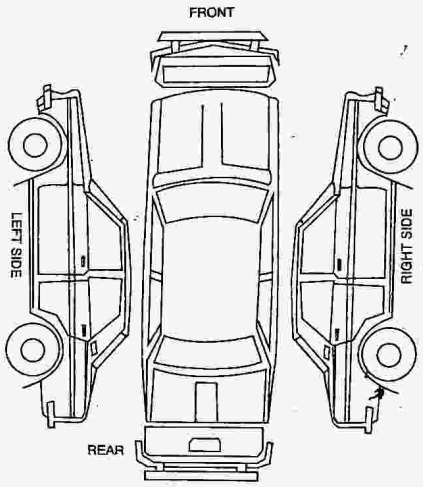
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 5893373 JC NO305551245

CUSTOMER MR/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) DISCOUNT CARD NO.	REGN NO.: SHA7746K MAKE: HYUNDAI MODEL IONIQ(G2) YR OF MANU 03.05.2019 CHASSIS CODE KMHC851CVKU145903	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 15.04.2023 19:20 TARGET DATE COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.04.2023
NATURE: 3P 15.04.2023

S/NO	LABOR CODE	DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

knowledgement Slip

me:
No.: SHA7746K YY
hicle No.:

me of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7746K

Name of Service Advisor

Date

To be kept by Security Guard