

ASS. REC. BY: Taught

REF:

NS/ INC 23004023/Tvp3**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: **SLT 5480S**

Policy No. _____

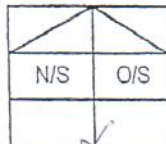
Claims No. **MT/1219016-002**

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 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: Ms Lake

Vehicle: IN / OUT

Veh No: SUA 5748TYr Regn: 2016, June

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

Truck / Trailer or

Make: Hyundai140

c.c.

1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 99/463

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: km HLB414MG. 4091315

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: 195 205/60R16R: u

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

TOYO / YOKO or

Wanabe

Front

Rear

R/Bal. 0

mm

R/Bal. 6

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. 17/4/2023D.O.I. 18/4/23Survey held at Conquest Agency

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

5/5/23 Lump Sum \$2800 confirmed by email (Red 2770.18, 49%)

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 2

1)

☐

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 5/5/23-typistAdd Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format: TPLump Sum / L.B. (\$ \$2800)

COMFORT TRANSPORTATION PTE LTD
REPAIR ESTIMATE

Vehicle No. : SHA5748T

Date: 18/04/2023

Make : HYUNDAI

Insurance: INCOME

Model : I-40

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$ 1,106.00
1	REAR BUMPER CLIPS			\$ 22.00
2	REAR BUMPER BRACKET LH RH		\$ 35.60	\$ 71.20
1	REAR BUMPER REINFORCEMENT			\$ 428.40
1	REAR BUMPER SPONGE			\$ 119.50
1	RR BUMPER REINFORCEMENT BRACKET LH RH		\$ 160.60	\$ 321.20
1	REAR BUMPER UNDER COVER			\$ 228.00
1	REAR END PANEL GARNISH			\$ 57.70
1	BOOTLID			\$ 2,174.90
1	BOOTLID 'H' EMBLEM			\$ 63.10
1	BOOTLID CRDI PLATE			\$ 52.40
1	BOOTLID MOULDING			\$ 85.00
1	BOOTLID I40 EMBLEM			\$ 67.90
SUB TOTAL				\$ 5,043.10
LESS 20%				\$ 1,008.62
DISCOUNTED TOTAL				\$ 4,034.48
REAR BUMPER REVERSE SENSOR				\$ 135.70
BOOTLID COMFORT LOGO & TEL NO. STICKER				\$ 60.00
				\$ 195.70
Labour Charge				
PANEL BEATING				\$ 600.00
SPRAY PAINTING CHARGE				\$ 600.00
TUFF KOTE				\$ 80.00
REMOVE/REFIX REVERSE SENSOR				\$ 60.00
TOTAL LABOUR				\$ 1,340.00
ESTIMATE TOTAL				\$ 5,570.18

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.

- 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 is allowed
 - Supplementary item(s) must be reviewed and is subject to final approval from insurance Company

Acknowledged by Repairer
 Signature:
 Date:

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5893515

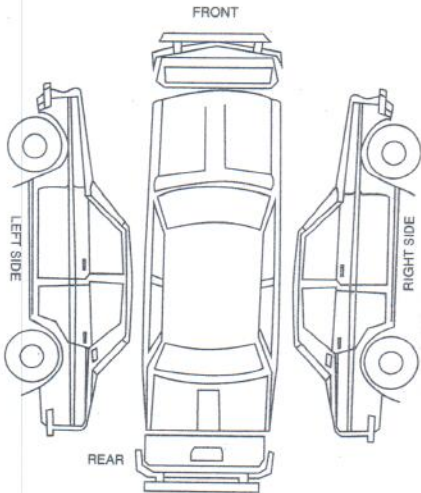
JC NO305551545

TOMER		REGN NO:	SHA5748T	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD		MAKE	HYUNDAI	FUEL
TOMER NO 7010045		MODEL	I-40	DATE/TIME IN
RESS 383 SIN MING DRIVE		YR OF MANU	09.06.2016	18.04.2023 14:10
Singapore SINGAPORE 575717		CHASSIS CODE	KMHLB41UMGU091315	TARGET DATE
65508755				COMPLETION DATE/TIME:
(R) (O)				
(P)				
OUNT CARD NO.				

ccident Date: 17.04.2023
ATURE: 3P 17.04.2023

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHA5748T YY

Vehicle No.: SHA5748T

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard