

ASS. REQ. BY: Taufikh

REF:

INC NS/INC23004025/Tnp3

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: Awang

Vehicle: IN / OUT

Veh No: SHC 2911Y Yr Regn: 2019, Nov.

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

Truck / Trailer or

Make: Hyundai Comq c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 385445 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HC851C649188097

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 orTyre Size: F: 195/65R15R: 2

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

TOYO / YOKO or

Wanfah.

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 10/4/23Survey held at Compart byang

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
	Taufikh confirmed lump sum \$1350 and 2 days
	(red, \$773.08, 36%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1) _____

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.A. ()

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC2911Y

DATE 17.04.2023

MAKE REG 07.11.2019

MODEL : HYUNDAI IONIQ G2

CHIANG/INCOME

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT DOOR CITY CAB STICKER			X \$75.00
1	FRONT RH WING MIRROR			hpo \$1,391.70
	SUB TOTAL			\$1,466.70
	LESS 20%			\$293.34
	DISCOUNTED TOTAL			\$1,173.08
1	FRONT DOOR ADVERTISEMENT			X \$100.00
				\$100.00
	Labour Charge			
1	Panel Beating		350	\$450.00
1	Spray Painting Charge		250	\$400.00
	TOTAL LABOUR			\$850.00
	ESTIMATE TOTAL			\$2,123.08
<p>Tanfiki 97495449 wp 16/4/23 @ 4pm tanfiki @ 11hambun 2 days 1/3 Resurvey after repair</p> <div style="border: 1px solid blue; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: _____</p> </div>				
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.				

Workshops

205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609288

Date/Time: 17.04.2023 16:00

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5893391

JC NO305551249

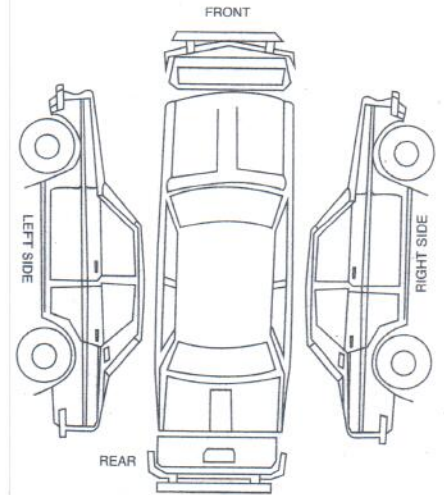
CUSTOMER MS CUSTOMER NO ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD		REG NO:	SHC2911Y	MILEAGE
	7010045		MAKE:	HYUNDAI	FUEL
	383 SIN MING DRIVE		MODEL:	IONIQ(G3)	E.....1/2.....F
	Singapore SINGAPORE 575717		DATE/TIME IN	17.04.2023 12:25	
	65508755		YR OF MANU	07.11.2019	TARGET DATE
COUNT CARD NO.			CHASSIS CODE	KMHC851CVLU188097	COMPLETION DATE/TIME:

In line

Accident Date: 17.04.2023
NATURE: 3P 17.04.2023

JOB DESCRIPTION

1/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC2911Y

CHIANG

Vehicle No.:

SHC2911Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Returned to Service Reception upon collection

To be kept by Security Guard