

ASS. REC. BY: Taufik

REF:

NS/ (NC) 23005980/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: SJF 534A
 Policy No. _____
 Claims No. MT/1227135-002
 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 Report _____ Consistent? : Yes or No
 GIA / PR Seer: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sumc _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: Ms Loh
 Vehicle: IN / OUT

Veh No: SND85987 Yr Regn: 2018/1 Dec.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Long c.c. 1580
 Colour: Yellow A/G: Insured / Std / NI / NA
 Sp. Reading: 582056 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM MC851C VGM 115092
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: All / 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. C mm R/Bal. 6 mm
 L/Bal. C mm L/Bal. 6 mm
 D.O.A. 11/6/2023 D.O.I. 12/6/23
 Survey held at Compu Log
 Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or
F + O/S
 The U/G / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
21/6/23	Lump Sum \$1800 confirmed by email (Red 2758.88, 60%)

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: _____

Date/Time, File Return to?
 2) 21/6/23-typist

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

Survey Fee:	
Transportation:	
\$ + RS. \$I	
Photos	
Others	
TOTAL	

Report Format: TP
 Lump Sum / Ref: (\$) \$1800

COMFORT TRANSPORTATION PTE LTD

REPAIR ESTIMATE

Vehicle No. : SHD8598Z

Make : HYUNDAI

Model : IONIQ(G2)

Date: 12/06/2023

Insurance: INCOME

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT BUMPER COVER			\$ 481.10 <i>ll</i>
10	FRT BUMPER CLIPS			\$ 22.00 <i>ll</i>
1	FRT BUMPER SIDE BRACKER RH			\$ 28.00 <i>ll</i>
1	FRT BUMPER MOULDING CENTRE UPPER			\$ 368.50 <i>cut</i>
1	HEADLAMP RH			\$ 2,110.30 <i>nn</i>
1	FRT BUMPER SIDE MOULDING RH			\$ 93.60 <i>x nn</i>
1	FRT FENDER RH			\$ 588.80 <i>ll</i>
1	FRT FENDER BLUE-DRIVE EMBLEM RH			\$ 26.60 <i>ll</i>
1	FRT WHEEL COVER RH			\$ 217.20 <i>cut</i>
	SUB TOTAL			\$ 3,936.10
	LESS 20%			\$ 787.22
	DISCOUNTED TOTAL			\$ 3,148.88
				\$ -
	Labour Charge			
	PANEL BEATING			\$ ³⁵⁰ 750.00
	SPRAY PAINTING CHARGE			\$ ⁵⁰⁰ 600.00
	CHECK ALL LIGHTING			\$ ³⁰⁰ 60.00 <i>x</i>
	TOTAL LABOUR			\$ 1,410.00
	ESTIMATE TOTAL			\$ 4,558.88

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.

Tanji 92495749
12/6/23 430
- 2 day
L/S Resurvey after repair
Tanji Chhantara

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:

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5899942

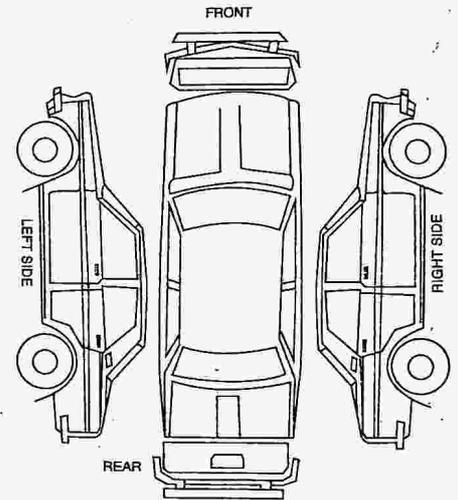
JC NO305557510

CUSTOMER FIRMS CITYCAB PTE LTD CUSTOMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65551188 (O) (P) DISCOUNT CARD NO.	REGN NO.: SHD8598Z	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G2)	DATE/TIME IN 12.06.2023 13:00
	YR OF MANU. 04.12.2018	TARGET DATE
	CHASSIS CODE KMHC851CVKU115092	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.06.2023
NATURE: 3P 11.06.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHD8598Z** **YY**

Vehicle No.: **SHD8598Z**

Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard