

(08/11/13) wef

ASS. REC. BY: TaufikREF: 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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: SHC 8633K Yr Regn: 2016, Jan

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

Truck / Trailer or

Make: Hyundai / 140 c.c. 1688Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 752054 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH LBU / 4M6 4083078

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: 205/60RUB

R: _____

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

TOYO / YOKO or was there

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 13/6/23Survey held at Carport Bayan

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

Frt O/S

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

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS, \$ _____

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____).

COMFORTDELGRO ENGINEERING PTE LTD

Effective Date: 1 Nov 2020

REPAIR ESTIMATE

DATE: 13.06.2023

GBD8631G

MODEL: Hyundai i40

INSURANCE: INCOME (LIS)

VEHICLE NO.: SHC8633K

MVA: LIMITS

PART NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	Front Bumper	1		\$ 1,052.20
	Front Bumper Clips	10	\$ 2.20	\$ 22.00
	Front Bumper Brkt RH	1		\$ 22.40
	Front Bumper Lip	1		\$ 152.00
	Bonnet	1		\$ 2,508.80
	Front Fender RH	1		\$ 663.00
	Front Fender Retainer RH	1		\$ 24.60
	Front Fender Shield RH	1		\$ 174.90
	Front Fender Shield Clips RH	10	\$ 2.20	\$ 22.00
	HeadLamp RH	1		\$ 1,388.00
	Front Wheel Cap RH	1		\$ 217.20
	Radiator Grille	1		\$ 1,480.00
	Radiator Grille H Emblem	1		\$ 129.50
	HeadLamp Support Panel	1		\$ 907.40
	SUB TOTAL			\$ 8,764.00
	LESS 20%			\$ 1,752.80
	DISCOUNTED TOTAL			\$ 7,011.20
	Front Fender Adv.Sticker RH	1		\$ 100.00
	NETT			
	Labour Charge			
	Panel Beating			\$ 600.00
	Spray Painting Charge			\$ 900.00
	Check Lightings			\$ 40.00
	Tuff Kote			\$ 40.00
	R/I Air Con Condenser Etc			\$ 150.00
	Wheel Alignment			\$ 120.00
	Towing Fee			
	TOTAL LABOUR			\$ 1,850.00
	ESTIMATE TOTAL			\$ 8,961.20

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to quotation
- The repair survey is on a "no win, no fee" basis
- No liability for consequential damage
- Subject to the terms and conditions of the insurance policy, the repair is subject to the approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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.

- LBS Resurvey after repair
- To provide taxi book value
 - To check deposit limit

Date/Time: 13.06.2023 13:48

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 5900058

JC NO 305557602

OMER

S COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

DUNT CARD NO.

REGN NO.:

SHC8633K

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

13.06.2023 09:00

DATE/TIME IN

YR OF MANU.

05.01.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU083078

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.06.2023

ATURE: 3P 13.06.2023/C

NO

00010

00020

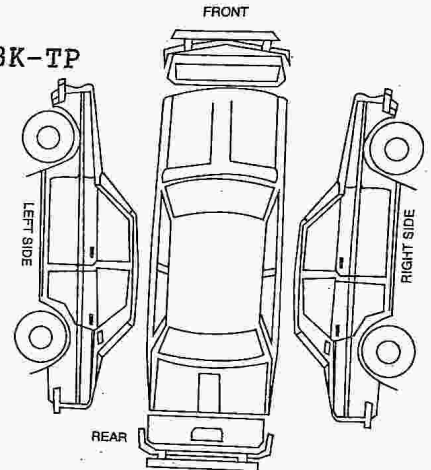
LABOR CODE

PB

23-01

DESCRIPTION

LUMPSUM REPAIR-SHC8633K-TP
TOWING FEE



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SHC8633K

LIMITS

Vehicle No.:

SHC8633K

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

SHC 8633 K

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

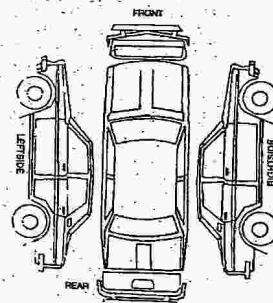
Job Requisition

1. Date: <u>13 June</u> Time Received: <u>10.09</u>		3. Vehicle Type: ☐ Private ☒ Taxi (CTPL/CCPL) ☐ Fleet ☐ STK (Boon Lay)	4. Type of Towing: ☒ Normal Tow ☐ King Dolly ☐ Flat Bed ☐ Crane-up
2. ☐ New ☐ SPARK Kakis Name of Customer: <u>MR SOO</u> Contact No.: <u>98350205</u> Vehicle No.: <u>SHC 8633K</u> Make / Model / Colour: <u>140</u> Email: _____		5. Nature of Service: ☐ Jumpstart ☒ Recovery ☐ Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____ _____
7. Location: <u>1/1001 Highway</u>		8. Vehicle Tow - In Workshop: ☐ Smoky Exhaust ☐ Wheel Jammed ☐ Overheating ☐ Steering Faulty ☐ Brake Faulty ☐ Alternator Faulty ☐ Starting Problem ☐ Loss Power ☒ Accident ☐ Engine Stalled ☐ Return Taxi	
9. Preferred Workshop: ☐ Braddell ☒ Loyang ☐ Pandan ☐ Sin Ming ☐ Suncel Kadut ☐ Ubi ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD) ☐ Others: _____			

10. Odometer Reading: _____
Fuel Level: ☐ F ☒ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player

☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scatched O : Missing

Job Attended

12. Tow Truck / Recovery Van: ☐ VRS ☒ QA ☐ GAO ☐ OTHERS
Name of Driver: NI. H. H. H.
Vehicle No.: SHC 3697R
Time Dispatch: 10.09
Time of Arrival: 10.37
Time Completed: 11.00

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No.: _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard