

ASS. REC. BY: Taufikh

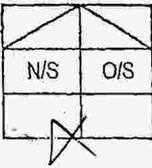
REF:

JM1

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: _____

Veh No: SND 4682 P Yr Regn: 2019, Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Lorry c.c. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 318061 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMYC851C6L4189899
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: MT / 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 R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 6/7/23
 Survey held at Comjet Logey
 Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or _____



Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Seer: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: Juan
 Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	Taufikh confirmed lump sum \$4050 and 3 days (red. \$2078.44, 34%)

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

Days Of Repair: 3
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) _____
 Rep. Format: _____
 Lump Sum / L.B.F. (%) _____

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

Survey Fee:	
Transportation:	
\$ + RS	SI
Photos	
Others	
TOTAL	

Repair Estimates
ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

*Jumani
claim*

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	06/07/2023
Vehicle Reg. No.:	SHD4682P	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	14/11/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	G4LEKU408617	Chassis No:	KMHC851CVLU189899
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	4,087.44
Miscellaneous Items	11.00
Labour	2,030.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	6,128.44
+ GST 8.00% (S\$)	490.28
Nett Amount (S\$)	6,618.72

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 07 Jul 2023)
Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: ComfortDelGro Engineering Pte Ltd/SHD4682P/07/07/2023 16:19
Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER ASSY	20.00	0.00	de / *459.40 FL
2	10		*REAR BUMPER CLIPS	20.00	0.00	ur / *22.00 FL
3	1		*REAR BUMPER BEAM	20.00	0.00	? / *394.80 FL
4	1		*REAR BUMPER CENTRE MOULDING	20.00	0.00	de / *451.25 FL
5	1		*REAR FOG LAMP ASSY	20.00	0.00	cut / *201.50 FL
6	1		*ANTENNA SMARTKEY	20.00	0.00	? / *40.50 FL
7	1		*REAR BUMPER TOW COVER	20.00	0.00	de / *98.80 FL
8	1		*BOOTLID COVER	20.00	0.00	bb / *2,549.70 FL
9	1		*BOOTLID EMBLEM - IONIQ	20.00	0.00	ur / *31.30 FL
10	1		*BOOTLID EMBLEM - HYBRID	20.00	0.00	ur / *24.30 FL
11	1		*BOOTLID EMBLEM - H	20.00	0.00	cut / *28.00 FL
12	1		*BOOTLID GLASS LOWER MOULDING	20.00	0.00	ur / *145.20 FL
13	1		*BOOTLID GLASS UPPER MOULDING	20.00	0.00	ur / *186.30 FL
14	1		*REAR NUMBER PLATE	0.00	0.00	cur / *55.00 F
15	1		*REAR BOOTLID COMFORT LOGO	0.00	0.00	ur / *30.00 F
16	1		*REAR BOOTLID COMFORT TEL NOS. LOGO	0.00	0.00	ur / *30.00 F
17	1		*REAR BOOTLID APPS LOGO	0.00	0.00	ur / *40.00 F
18	1		*REAR WINDSCREEN SEALANT	0.00	0.00	ur / *46.00 F
19	1		*REVERSE SENSOR	0.00	0.00	ur / *180.00 F

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	5,014.05
- List Item Discount on L Items (S\$)	926.61
Total Parts (S\$)	4,087.44

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (\$\$)			<u>11.00</u>

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	525 1,100.00
2	SPRAY PAINT	New	500 600.00
3	CHECK WIRING	New	30 50.00
4	TUFF KOTE	New	30 50.00
5	REMOVE/REFIX REAR WINDSCREEN GLASS	New	✓ 120.00
6	REMOVE/REFIX REVERSE SENSOR	New	30 50.00
7	TOWING CHARGE	New	✓ 60.00
Gross Labour Cost (\$\$)			<u>2,030.00</u>

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 Generated using Merimen e-Claims IEAS
 < END OF ESTIMATES >

*Tanglin 97495749
 WP: 6/7/22 @ 5pm
 o 3 days
 1/5 resurvey after repair
 tanglin e/khauto-wk*

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 not on a "no prejudice" basis
- No illerati
- Suspect

Signature: _____
 Date: _____



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>6-7-23</u> Time Received: <u>23.10</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer: <u>MY WOO</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
Contact No.: <u>98464224</u>					
Vehicle No.: <u>SHD 4682P</u>					
Make / Model / Colour:					
Email: <u>joia</u>					

7. Location: <u>Sms PI</u>			8. Vehicle Tow - In Workshop:		
9. Preferred Workshop:			<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed		
<input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan			<input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty		
<input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi			<input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty		
<input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD)			<input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power		
<input type="checkbox"/> Others:			<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled		
			<input type="checkbox"/> Return Taxi		

10. Odometer Reading: _____		11. Radio / CD Player						
Fuel Level: <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>		F	1/4		1/2	3/4	E	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
F	1/4	1/2	3/4	E				

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS		# : Cracked X : Dented / : Scatched O : Missing Signature of Customer
Name of Driver: <u>LKH</u>		
Vehicle No.: <u>4PL5</u>		
Time Dispatch: <u>22.10</u>		
Time of Arrival: <u>00.05</u>		
Time Completed: _____		

13. 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™.		
<u>6-7-23</u>	_____	_____
Date	Time	Signature of Customer

14. WORKSHOP		
_____	_____	_____
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard