15/5/2010		CC 3 /AIG1801	MICU.	1ebb LK	CK:	
INS. CASE OWNER	<u> </u>	CC / /AIG1801	11971	ID.	AC:	
Surveyor:	Taufien.	DOI: ASSIGN		Date / Time :	4/6/18	
			`	Registered in Merimen	1: UP18	_
Pre-assign / CCU	Sbv 8	1319.				
Insured Vehicle No	). :		Claim No.	:		
Name of Insured			Policy No.	:		
Insured Tel No.	:	HP:	Make / Model	:		
Excess Sec II :S\$		D.O.A: 76 6 18	Place of Accid	lent:		
Is driver the owner	? (YES / NO )	Nature of Accident :				
If <b>NO</b> , Driver Nan Driver Tel	ne / Age :	(V/L: YES / NO )	OI GIA REPO	RT: YES / NO ; TP GL	A REPORT: YES / NO	
		(VIE. TEST NO)	msured Littori		111111111111111111111111111111111111111	
SHC 735	<u> </u>					
INSRS: WSP: Tel: Liability: RMKS:	N INSRS WSP: Tel: Liabili RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	,		1 (			
	SUCTAGE 456E	4180015951420	81 1 KM	STAGE	DATE/PIC	
	50V 87h14-4	171.71		Non-Reporting ltr (1st):		
	500 87814-4			Non-Reporting ltr (2nd): Non-Reporting ltr (Final)		
				Notification ltr (if non-pie		
				Call OI:		
				After call ltr to OI:  Documentation Check I	List: Handler Typist	_
				Notification ltr (if non-pie		
				After call ltr to OI:		
				Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:		_
				Car Rental Invoice:		+
•				Towing Invoice  LTA / GIA :		=
				Medical Bill:		=
				PIR:		_
				Mandate/Reject Instruc	ction:	
				LOD		
DDEL DADA DV A DATGE	D Ti	0 · P		Payment Breakdown F	orm:	-
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:		+
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (	days) Reduction:	%	Em	nail Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Li	a :		
Repair Cost:	S\$	1				
Loss of Rental (LOR): Loss of Use (LOU):	SS ( days) SS (S x days)					
Loss of Income (LOI):	S\$ (S x days) S\$ (S x days)					
LOR only LOU only		OR + LO [Tick only o	ne]			
GIA/LTA Search	S\$					
Medical:	S\$		1) Claim status: Norma	al/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independen	nt)	2) Report Format:		
Legal Cost Total:	S\$ S\$	Global Sum S\$:		3) Survey fee:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
Payee 1:	S\$	Name 1:		Linaii Can	_	
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

ASS	CONTRACTOR	4 17	76, 1113
12 mg mg	12 - N	V 2 51	N 1

From: Date:	Veh No: SHC735C Yr Regn: 2014, July
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxty / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Phyunder 140. c.c / 685
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 495772, T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMHLBHUMEU 057940
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder / Jammed / Leaked / Burnt or
	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Modi: NH-/S/Rim / STD A/Rim or .
Make of Yell.	Tyre Size: F: 905 60016
(Dallar Condition)	R: R:
(Policy Condition)  Remark: The veh had commenced its  N/S	
repair at the time of inspection.	TOYO/YOKO or westupe
Bal. or Market Value:	Front R/Bal. R/Bal. R/Bal. mm
IDAC Accident Rport: Consistent? : Yes or No	L/Pol D
GIA / PR Seen: Consistent? : Yes or No	D.O.A. D.O.I. VILIKO 130
Est. Repairs: days Res.: Yes or No	C 1. ADM
Lum Sum: % 3 Val.: Yes or No	Currey note at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt (Rear) O/S / N/S / U/C / Rooftop or
Vehicle Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	The Ord 7 Chassis frame 7 Body Structure another day to complete
Addition (Additional Additional A	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation
2)	Add Fee: Site Insp (\$ ) _s+RSSI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / 1.B.1: (\$	: Weekend (\$
	TOTAL

## IFORTDELGRO ENGINEERING

ber of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508985
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 509286

Date/Time380 U2 8940 61942 1849 17: 26 Page: 1

ARC Repair TP(CFSO)1	JOB CARD	Sales Order: 3835523	JC NO.: 305181057
		REGN NO SHC 735C	MILEAGE
CITYCAB PTE LTD 7010070		MAKE: HYUNDAI	FUEL
NO383 SIN MING DRIVE			EF
Singapore SINGAPORE 575717 65551188			8.06.2018 12:00
(O)		YR OF MANU. 07. 2014	TARGET DATE
ARD NO.		CHASSIS CODE RMHLB41UMEU057940	COMPLETION DATE/TIME:
dent Date: 28.06.2018	JOB DESCRIPTION		
LABOR CODE 23-01		RIPTION - KING DOLLY	
PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SI	GNATURE
nt Slip	* Exit Pass		
SHC 735C JU AIG LKK	Vehicle No.:	SHC 735C	
OU MO BILL		DRC /33C	
Advisor Signature/Date	Name of Service A	dvisor Date	
Service Reception upon collection	To be kept by Secu	urity Guard	

## COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Janes Daver

Comitat DelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701 In pline +65 6383 6280 Facsimile +65 6280 9755 Serving Centres

205 Braddell Road Singapore 579701 45 Pandan Road Singapore 609286 7 Sungel Kadut Way Singapore 728791 24 Senoko Loop Singapore 758156

59 Layang Drive Singapore 508969 383 Sin Ming Drive Singapore 5757 320 Ubi Road 3 Singapore 408649

⊕ 6553 1111 **SPARH** ○ Assist

Assist

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111

■ 6553 1111





## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition (		
1. Date: Time Received:	3. Vehicle Type:	4. Type of Towing:  Normal Tow
2. New SPARK Kakist	Private  Taxi (CTPD/CCPL)	King Dolly
Name of Customer :	Fleet	Flat Bed
0-1-11		Crane-up
Contact No. $96703032$	-	
Vehicle No. :	5. Nature of Service:	6. Parts Replaced/Remarks:
011 4000	Jumpstart	or rand risplaces remained
Make/Model/Colour: SHC13SC	Recovery	
Email :	Change Tyre / Battery	
7. Location: O d colv M	8. Vehicle	Tow - In Workshop:
7. Location: SzrygoorN and A	☐ Sr	noky Exhaust
9. Preferred Workshop:		verheating Steering Faulty
☐ Braddell ☐ Loyang ☐	J i di iddi i	ake Faulty Alternator Faulty
Sin Ming Sungei Kadut	001	arting Problem Loss Power coldent Engine Stalled
Senoko Komoco (UBI / Leng Kee)	J Cycle & Carriage (1 D)	eturn Taxi
Others:		Tan Tan
10. Odometer Reading :	11. Radio / CD Player	PFONT
	□ ок	
Fuel Level : F 1/4 1/2 3/4 E	Faulty	
	☐ Not tested	5
Job Attended		3061
12. Tow Truck / Recovery Van : URS VRS	D TZ IRS OTHERS	
1706		
Name of Driver :	Total Wall	
Vehicle No. :	1000 Mesos	#: Cracked X : Dented
Time Dispatch :	20.00	/: Scatched O: Missing
Time of Arrival :	2:30 119	). In white
Time Completed :	\	Signature of Customer
Cash Invoice Details (if applicable)	60	
13. Cash Invoice No. :	4/	
Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, include	ding Global Positioning System (GPS), aud	lio compact disk, thumbdrive, carpark coupons,
cash cards, spectacles, pen, etc. b. I understand that any items len behind are at my own risk and SPAR	K Car Care™ will not be held liable for suc	ch losses.
c. Surcharge: Towing fee will be levied if the customer decides neither		
120 (1)		- Jam
The state of the s		Hand
Date Time		Signature of Customer
Date Time 14. WORKSHOP		organical or outstand
14. MOLINOTIOE		
Name of Attending Staff/Guard Date & Time of	of Arrival Sign	ature of Attending Staff/Guard
		CUSTOMER'S COF