

108/1113

Surveyor: Kevin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected 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

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

CA / REV / REP. / 24 HRS

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

Veh No: SHA 1663E Yr Regn: 12 Jy 2008

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

Truck / Trailer or

Make: Hyundai Zonix c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 8055 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVJ4103504

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 7/3/08 D.O.I. 8/3/08

Survey held at CDHE (Loyang)

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

N/S Rly

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

Date / Time	Action / Instruction
	<u>AXA</u> <u>PC</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

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

Workshops

A member of COMFORTDELGRO

Date/Time: 07.08.2018 16:45 Page : 1

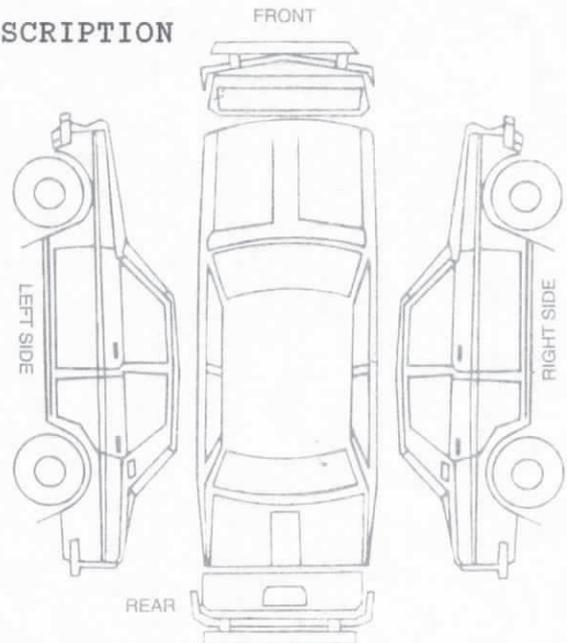
Team: ARC Repair TP(CLSO)1 Customer: COMFORT TRANSPORTATION PTE LTD MS: 7010045 Customer No.: 383 SIN MING DRIVE Address: Singapore SINGAPORE 575717 Phone: 65508755 (O) (R) (P)	JOB CARD Sales Order: JC NO.: 305197316 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">REGN NO.: SHA1663E</td> <td style="width:50%;">MILEAGE</td> </tr> <tr> <td>MAKE: HYUNDAI</td> <td>FUEL E.....1/2.....F</td> </tr> <tr> <td>MODEL: IONIQ(G2)</td> <td>DATE/TIME IN 07.08.2018 13:45</td> </tr> <tr> <td>YR OF MANU. 12.07.2018</td> <td>TARGET DATE</td> </tr> <tr> <td>CHASSIS CODE KMHC851CVJU103504</td> <td>COMPLETION DATE/TIME:</td> </tr> </table>	REGN NO.: SHA1663E	MILEAGE	MAKE: HYUNDAI	FUEL E.....1/2.....F	MODEL: IONIQ(G2)	DATE/TIME IN 07.08.2018 13:45	YR OF MANU. 12.07.2018	TARGET DATE	CHASSIS CODE KMHC851CVJU103504	COMPLETION DATE/TIME:
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CHASSIS CODE KMHC851CVJU103504	COMPLETION DATE/TIME:										

JOB DESCRIPTION

Accident Date: 07.08.2018
NATURE: 3P 07.08.2018

S/NO **LABOR CODE**

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA1663E** **CHIANG**

Vehicle No.: **SHA1663E**

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard