

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop n/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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: SH 8525H Yr Regn: 26 IL 217

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

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

Sp. Reading: 22569 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70KB3F4307560821

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: 195/65R15

R: _____

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

TOYO / YOKO or Pavanti

Front _____ Rear _____

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

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

D.O.A. 28/4/19 D.O.I. 30/4/19

Survey held at CDAE (Loyang)

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

nb body

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

Date / Time	Action / Instruction
	EQ
	PP

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weather (\$ _____)

Survey Fee: _____

Transportation: _____

____ S + RS ____ SI

Photos _____

Others _____

TOTAL _____

Report Format: _____

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305291541

MEMBER NO. 7010045
 COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755 (O)
 (R)
 (P)
 UNIT CARD NO.

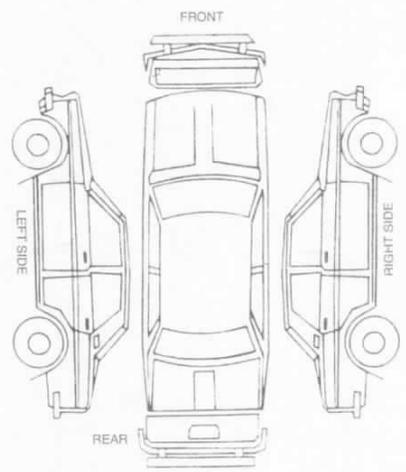
REGN NO.: SH 8525H	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 29.04.2019 14:30
YR OF MANU. 26.07.2017	TARGET DATE
CHASSIS CODE JTDKB3FU303560821	COMPLETION DATE/TIME:

EQ

JOB DESCRIPTION

Accident Date: 28.04.2019
 NATURE: 3P 28.04.2019

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

No.: SH 8525H

LKE

[Handwritten Signature]

Vehicle No.:

SH 8525H

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard