

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: _____

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

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

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 **SHC 8242E** in Regn **02/04 2015**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai i40** C.C **1685**
 Colour **blue** A/C: Insured / Std / NI / NA
 Sp. Reading **58629.66** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMHLB410MFU067893**
 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: **205/60 R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hinkook**
 Front _____ Rear _____
 R/Bal. **6** mm R/Bal. **6** mm
 L/Bal. **6** mm L/Bal. **6** mm
 D.O.A. **23/12/19** D.O.I. **2530/12/19**
 Survey held at **comfortdelgro (Kayan)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

ching tapping **L/S**

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Formed

1) ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Meet end (\$)

Survey Fee:

Transportation:

3 + RS \$

Phone

Other

1) ☐ : Final Report

number of COMFORTDELGRO

Date/Time: 30.12.2019 11:17

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305370546

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

REGN NO.: SHC8242E	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 30.12.2019 10:40
YR OF MANU 02.04.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU067893	COMPLETION DATE/TIME:

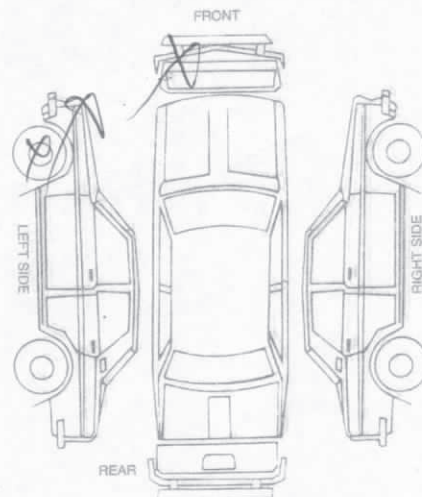
UNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.12.2019

NATURE: 3P 23.12.19/C

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC8242E

JU CHINA

Vehicle No.:

SHC8242E

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

• Our Job Ref No 305370546
Date 02/01/20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : RAM
: SHC8242E

Fax :
5367141 23.12.19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: CHINA --- SCA1119U
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount TO: asher ###
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost** ###
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1,600.00
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 working days

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : [Signature]
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : Ram
Date : 06/01/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
