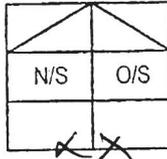


ASS. REC. BY: Tangkh REF: A19

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / 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: _____

(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: Janson Vehicle: IN / OUT

Veh No: SHA3399E Yr Regn: 2019 / Aug
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Tonig c.c. 1580
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 73670 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH C851 CV KU 165014
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>17/8/20</u>

 Survey held at CompuLab Logix
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	* NO body injury.

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Photos _____

Others _____

Pop. Forms: _____

Lump Sum / B.B. / C: _____

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

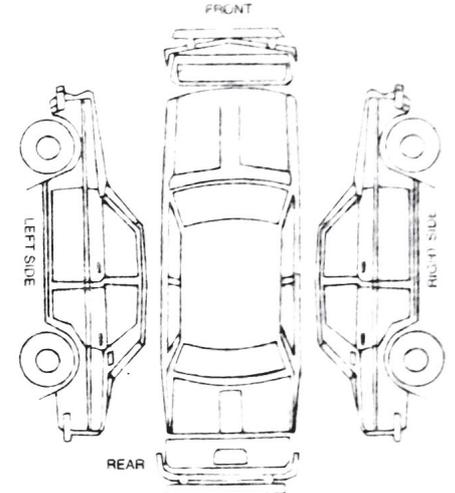
JC NO: 305416978

CUSTOMER IS CUSTOMER NO ADDRESS (R) (P) IDENTIFICATION CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: SHA3399E	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G2)	DATE/TIME IN 17.08.2020 08:40
		YR OF MANU. 01.08.2019	TARGET DATE
		CHASSIS CODE KMHC851CVKU165014	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.08.2020
 NATURE: 3P 16.08.2020

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Delivery Slip
 No.: **SHA3399E** **JU AIG**

 Service Advisor Signature/Date

Exit Pass
 Vehicle No.: **SHA3399E**

 Name of Service Advisor Date
 To be kept by Security Guard