

ASS. REC. BY:

Tan...

REF:

Ala

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: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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
Limits

Veh No: *SH6200H* Yr Regn: *2017 Dec*

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

Truck / Trailer or

Make: *Hyundai 140* c.c. *1685*

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

Sp. Reading: *158401* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *MM HCS4144-44 28908*

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: *205/60R16*

R: *---*

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

TOYO / YOKO or *Dunlop*

Front _____ Rear _____

R/Bal. *6* mm R/Bal. *6* mm

L/Bal. *6* mm L/Bal. *6* mm

D.O.A. _____ D.O.I. *28/9/20*

Survey held at *Compa Telaga Bayang*

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

N/S Rear, O/S.

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

Date / Time

Action / Instruction

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: _____

Add Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Insp (\$ _____)

Survey Fee: _____

Transportation: _____

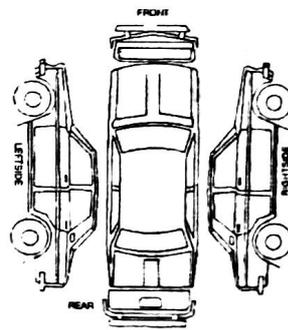
____ S + RS ____ SI

Photos _____



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition						
<p>1. Date: <u>26/09/20</u> Time Received: <u>1835</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr. William</u> Contact No. : <u>98244223</u> Vehicle No. : <u>SH 6200H</u> Make/Model/Colour : <u>I40</u> Email : _____</p>	<p>3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)</p> <p>4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up</p> <p>5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery</p> <p>6. Parts Replaced/Remarks: _____ _____</p>					
<p>7. Location: <u>137 Edgedale plains</u></p> <p>9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____</p>	<p>8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi</p>					
<p>10. Odometer Reading : _____ Fuel Level : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table></p>	F	1/4	1/2	3/4	E	<p>11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested</p>
F	1/4	1/2	3/4	E		
<p>Job Attended</p> <p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver : <u>Vimeof</u> Vehicle No. : <u>YN 36637</u> Time Dispatch : <u>1835</u> Time of Arrival : <u>2000</u> Time Completed : <u>2051</u></p>						



: Cracked X : Dented
 / : Scatched O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

3. Cash Invoice No. : _____

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

26/09/20 2000 William
 Date Time Signature of Customer

4. WORKSHOP

 Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard