

ASS. REC. BY:

REF:

CT1

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
	X

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

Simon

Veh No: SHB286T Yr Regn: 2016, 000

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 963876 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

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: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wintake

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 24/6/22Survey held at Comfort LodgeDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / I.B.B. (?) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Ching (Lisum)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 24.06.2022

REPAIR ESTIMATE

Time: 11:35:10

Page: 1

Ju

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305520842
REGN NO : SHB2386T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 21.10.2016
DATE/TIME IN : 24.06.2022 09:45
ACCIDENT DATE : 23.06.2022

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	XX COVER REAR BUMPER	1	503.04	25.00	377.28	By
0002 04-01-0302-2287-G	GUARD-REAR BUMPER CENTER	1	654.96	25.00	491.22	de
0003 04-01-0302-2267-G	BUMPER PIECE	10	22.00	25.00	16.50	all
0004 04-01-0302-2288-G	REINFORCEMENT SUB-ASSY RE	1	378.32	25.00	283.74	?
0005 04-01-0302-2286-G	COVER REAR BUMPER-TOW HOO	1	82.70	25.00	62.02	de

SUB-TOTAL : 1,230.76

JOB NATURE

0000 PB	PANEL BEATING	400.00	350
0001 SP	SPRAYPAINT CHARGE	300.00	250
0002 L	REMOVE/REFIX REVERSE SENSOR	50.00	30

SUB-TOTAL : 750.00

Tanphu 97495749
WP' 24/6/22 ESpw

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

2 days
4/5 Resurvey after repair
Tanphu @ LKK Auto Consultants

Date/Time: 24.06.2022 11:30

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO 305520842

STOMER

REGN NO.:

SHB2386T

MILEAGE

/MS CITYCAB PTE LTD

7010070

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

(R) 65551188

(O)

(P)

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)24.06.2022 09:45

DATE/TIME IN

YR OF MANU.

21.10.2016

TARGET DATE

CHASSIS CODE

JTDKB3FU203534663

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.06.2022

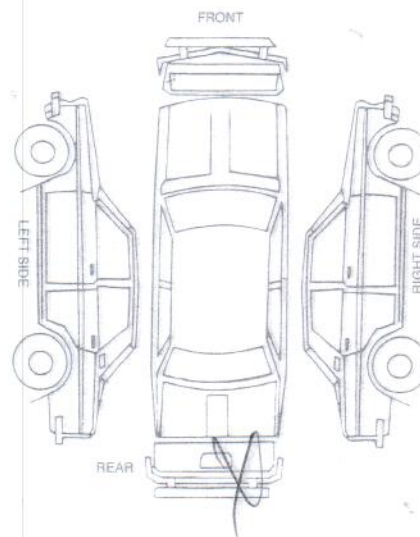
NATURE: 3P 23.06.22

ST 9210 C

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHB2386T

JU CHINA

Vehicle No.:

SHB2386T

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard