

ASS. REC. BY: thavan

REF: ntac NS/INC22007992/Vgc

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	X

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 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: SHD3155B Yr Regn: 23/6/116
 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: 910992 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NMHLB414um64091523
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 206/60R16
 R: 206/60R16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or WESTLAKE
 Front 5 mm Rear 5 mm
 R/Bal. _____ mm L/Bal. _____ mm
 L/Bal. 5 mm D.O.I. 9/6/22 1530
 D.O.A. 7/6/22
 Survey held at CDOE
 Des. 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
	lump sum : \$7550 and 4 days
	(red, \$3891.29, 34%)

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

1) 26/08/22
 Date/Time, File Return to?
 2) _____

Report Format : _____
 Lump Sum / I.B.I: (\$ 7550)

Days Of Repair: 4
 Resurvey No. of Trip: 2

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

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: <u>8/6/22</u> Time Received: <u>00.15</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input checked="" type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
<input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer : <u>Tah</u> Contact No. : <u>8588 1881</u> Vehicle No. : <u>SHD 3155 B</u> Make / Model / Colour : Email : <u>H140</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
Location: <u>CKK 5551</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Overheating <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Starting Problem <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Return Taxi <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Alternator Fault <input type="checkbox"/> Loss Power <input type="checkbox"/> Engine Stalled	
1. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Sin Ming <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Others: _____ <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Pandan <input type="checkbox"/> Ubi <input type="checkbox"/> Cycle & Carriage (PD)			

9. Odometer Reading : _____	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Fuel Level : <u>F 1/4 1/2 3/4 E</u>		

Job Attended

2. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS	Signature of Customer _____
Name of Driver : <u>Lim Kah Hong</u>	
Vehicle No. : <u>496 B379</u>	
Time Dispatch : <u>00.15</u>	
Time of Arrival : <u>01.20</u>	
Time Completed : _____	

Cash Invoice Details (if applicable)

13. 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 coupon, 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™.

8/6/22
Date

01.20
Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 4254465

JC NO.305518982

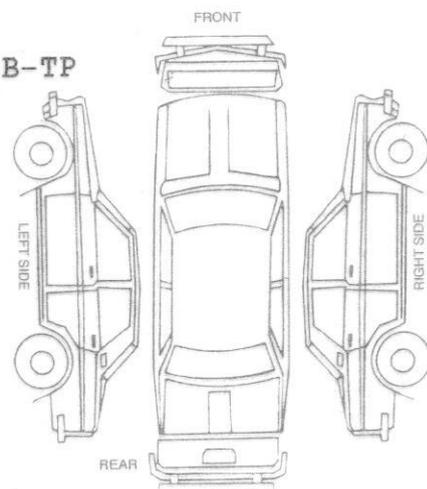
MEMBER COMFORT TRANSPORTATION PTE LTD MEMBER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) UNIT CARD NO.	REGN NO: SHD3155B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 08.06.2022 00:15
	YR OF MANU. 23.06.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU091523	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.06.2022
 Incident Date: 07.06.2022

NO	LABOR CODE
00010	PB
00020	23-01

DESCRIPTION
 LUMPSUM REPAIR-SHD3155B-TP
 TOWING FEE



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Damage Report Slip

Exit Pass

Vehicle No.: **SHD3155B** **LIMITS**

Vehicle No.: **SHD3155B**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305518982
Date : 14.06.2022

FINALIZATION FORM

To : LKK
Attn : THEVAN

Fax :

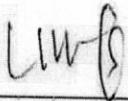
Vehicle Reg No. : SHD3155B Date of Accident : 07.06.2022

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

1. The repair job shall bill to: NTUC --- SMK6130G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges (include advertisement stickers etc,if any) _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$7,550.00</u>
Final Lumpsum Repair cost	<u>\$7,550.00</u>
3. Estimated normal period for repairs: 4 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 : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : THEVAN
Date : 19/8/22

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 /\$2.00	Y		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:
