

ASS. REC. BY: Toupin

REF:

INC.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / 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 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: Ms Lake

Vehicle: IN / OUT

Veh No: SH14/6834 Yr Regn: 20/7/June

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 945883 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STDK B3 FUX63558774

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15 R: _____

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

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>3/10/22</u>

Survey held at Comfort Logay

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

O/S

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

Rep. Format: _____

Lump Sum / L.B. / T

☐ : Interview (\$ _____)

S + RS. \$ _____

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

REPAIR ESTIMATE

MVA: MS. LOKE YY

File:

Date/Time: 03.10.2022 10:32

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4944590

JC NO: 005531963

Customer

REGN NO.:

SHA1683Y

MILEAGE

Company: COMFORT TRANSPORTATION PTE LTD

Customer NO. 7010045

MAKE:

TOYOTA

FUEL

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

Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL

PRIUS HYBRID(G4)03.10.2022 09:50

DATE/TIME IN

Phone: (R) 65508755

(O)

YR OF MANU.

15.06.2017

TARGET DATE

(P)

CHASSIS CODE

JTDKBB3FUX03558774

COMPLETION DATE/TIME:

Count Card NO.

JOB DESCRIPTION

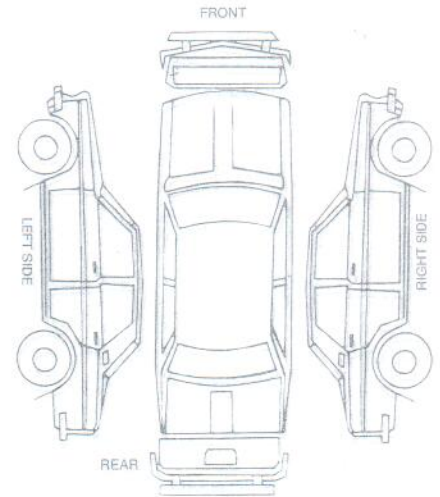
Accident Date: 29.09.2022

Accident Time: 3P 29.09.2022

Job NO

LABOR CODE

DESCRIPTION



Checked & Passed Out By:

Service Advisor

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

:

:

Vehicle No.: SHA1683Y

YY

Vehicle No.:

SHA1683Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard