

(06/11/11)

ASS. REC. BY: Smg

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspcd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: TMI

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: 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: Sha 1514C Yr Regn: 19/05/16Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Tr~~ / Prime Mover /

Truck / Trailer or

Make: hyundai 1400 c.c. 1685Colour BlueSp. Reading 712865

Eng/No: _____

C/No: KmhLB410mgv 089704Gen. Cond: Good / Fair / Poor / BurntSteering: Ind / Jammed / Leaked / Burnt orBrake: Ind / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD / Rlm, orTyre Size: F: 195 / 65 R15R: 195 / 65 R15

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

TOYO / YOKO or westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 5 mmL/Bal. 6 mm L/Bal. 5 mmD.O.A. 15/1/23 D.O.I. _____Survey held at comfortDes. 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

Date/Time, File Pass to?

☐ : Prel. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Date/Time: 16.01.2023 14:48

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5663905

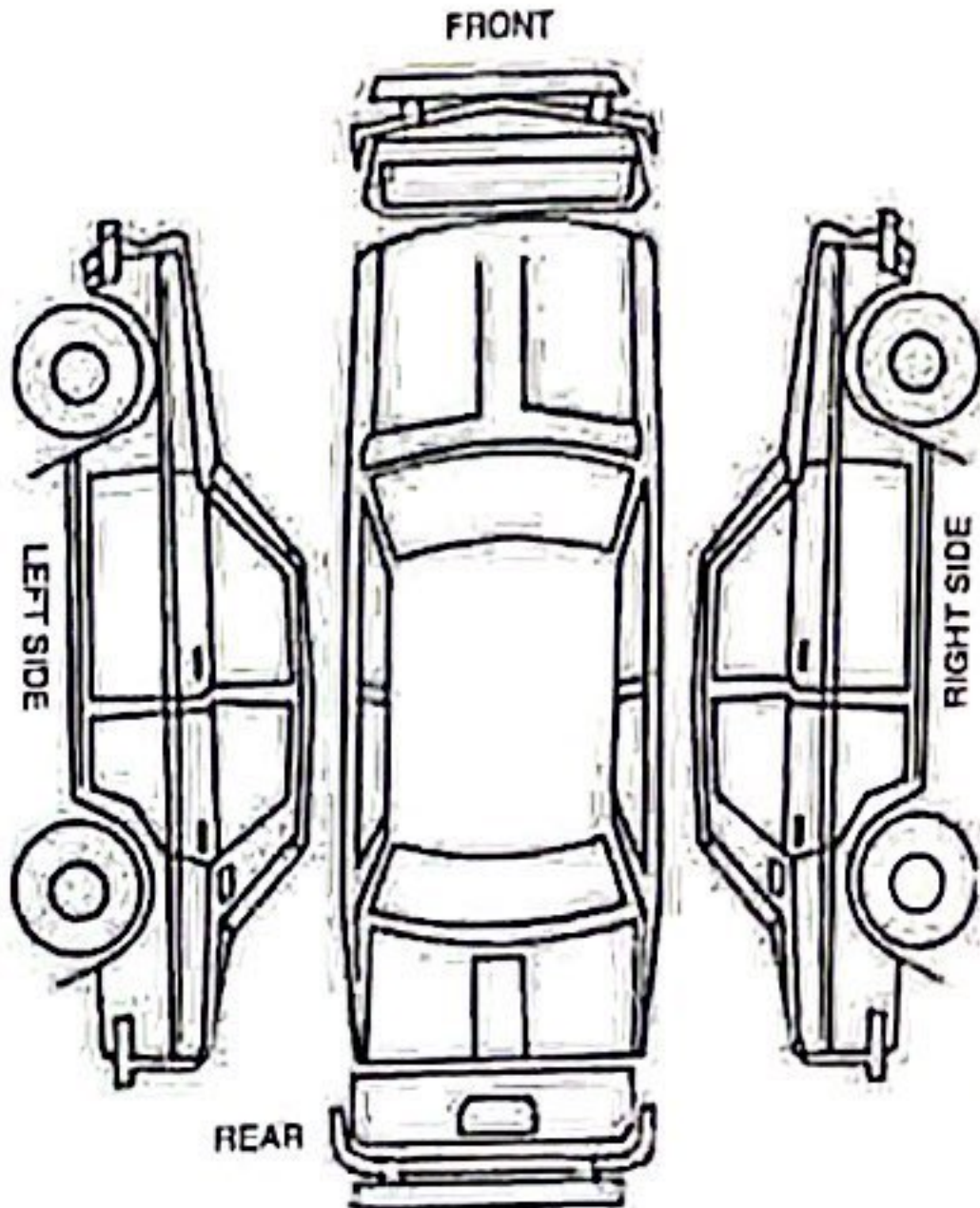
JC NO.305542842

CUSTOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO: SHA1514C	MILEAGE
MR/MS	7010045	MAKE: HYUNDAI	FUEL
CUSTOMER NO	383 SIN MING DRIVE	MODEL I-40	E.....1/2.....
ADDRESS	Singapore SINGAPORE 575717	YR OF MANU 19.05.2016	DATE/TIME IN 16.01.2023 10:20
TEL (R)	65508755	CHASSIS CODE RMHLB41UMGU089704	TARGET DATE
TEL (P)			COMPLETION DATE/TIME
DISCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 15.01.2023
NATURE: 3P 15.01.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:
/C No.:
Vehicle No.: SHA1514C CHIANG

Vehicle No.: SHA1514C