

ASS. REC. BY: Smj

REF:

### 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: ALLIANZ  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SH92405C Yr Regn: 14/05/14  
 Type: M.Gar / M.Cycle / Bus / Van / Lorry / Tray / Prime Mover /  
 Truck / Trallor or \_\_\_\_\_  
 Make: Hyundai / only c.c. 1580  
 Colour: Blue AC: Insured / Std / NI / NA  
 Sp. Reading: 503791 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: Kmh 48510V10V14 6086  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: NI / SIRIm / STD NRim or \_\_\_\_\_  
 Tyre Size: F: 195/65R15  
 R: 195/65R15  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlane  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 6 mm R/Bal. 5 mm  
 L/Bal. 6 mm L/Bal. 5 mm  
 D.O.A. 14/1/23 D.O.I. 20/1/23 1230pm  
 Survey held at comfort  
 Des. of Damages: Frt / Rear / GIS / NIS / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Sect: 3 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

| Date / Time | Action / Instruction |
|-------------|----------------------|
|             | <u>L/S</u>           |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_  
 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: \_\_\_\_\_  
 S + RS: \$ \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 5666646

JC NO.305543124

|   |  |                                      |
|---|--|--------------------------------------|
| CUSTOMER<br>NAME: COMFORT TRANSPORTATION PTE LTD<br>ADDRESS: 383 SIN MING DRIVE<br>Singapore SINGAPORE 575717<br>TEL: 65508755<br>(R) (P) (O) | REGN NO: <b>SHA2405C</b>               | MILEAGE                              |
|   | MAKE: <b>HYUNDAI</b>                   | FUEL<br>E.....1/2.....F              |
|   | MODEL: <b>IONIQ(G2)</b> 19             | DATE/TIME IN<br><b>01.2023 10:00</b> |
|   | YR OF MANU: <b>14.05.2019</b>          | TARGET DATE                          |
|   | CHASSIS CODE: <b>KMHC851CVKU146086</b> | COMPLETION DATE/TIME:                |

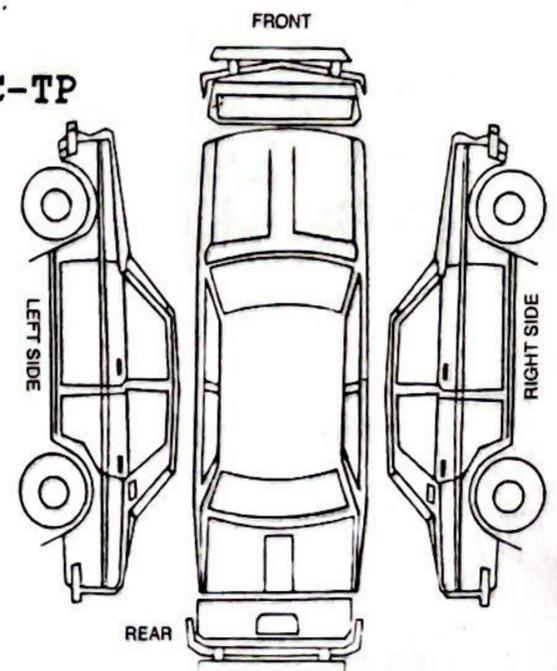
QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 14.01.2023  
NATURE: 3P 14.01.2023/C

/NO LABOR CODE  
00010 PB

DESCRIPTION  
PANEL BEATING-SHA2405C-TP



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

Vehicle No.: **SHA2405C** LIMITS

Vehicle No.: **SHA2405C**

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard