

DATE:

smj

REF:

ASS. REC. BY:

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: _____

(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 Secn: 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

Veh No: Sh92450C Yr Regn: 14/05/19

Type: M.Car / M.Cyclo / Bus / Van / Lorry / Truck / Prime Mover / Truck / Tractor or

Make: Hyundai / only c.c. 1580

Colour: Blue A/C: 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: Inorder / Jammmod / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SIRIm / STD / Rim; or

Tyre Size: F: 195 / 65 R15

R: 195 / 65 R15

DS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlane

Front R/Bal. 6 mm Rear R/Bal. 5 mm

L/Bal. 6 mm U/Bal. 5 mm

D.O.A. 14/1/23 D.O.I. 20/1/23 1230pm

Survey held at comfort

Pos. of Damages: Frl / Rear / DIS / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

L/S

Date/Time, File Pass to?

: Preli. 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:

\$ + RS. \$

Photos

Others

TOTAL

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5666646

JC NO.305543124

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

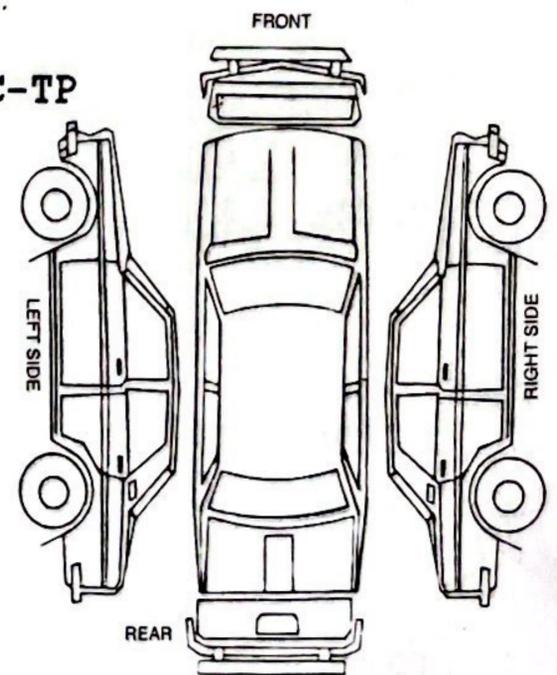
QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 14.01.2023
NATURE: 3P 14.01.2023/C

/NO LABOR CODE
00010 PB

DESCRIPTION
PANEL BEATING-SHA2405C-TP



PREPARED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist / Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA2405C** LIMITS

Vehicle No.: **SHA2405C**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard