ASS. REC. BY: Sm

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: 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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SJA 9110 P Yr Regn: 29/12/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailor or _____

Make: hyundai i40 c.c 1685

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

Sp.Reading 87908 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL341UMHU097361

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim; or _____

Tyre Size: F: 195/65R15

R: 195/65R15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	25/1/23	D.O.I.	

Survey held at comfort

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

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 + SI	
Photos	
Others	
TOTAL	

:OMFORTDELGRO
NGINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 26.01.2023 10:56 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5741219

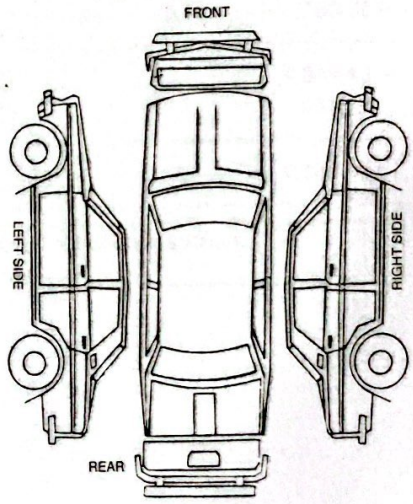
JC NO.305543659

OMER	REGN NO: SH 9110P	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 26.01.2023 09:25
ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 29.12.2016	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHLB41UMHU097361	COMPLETION DATE/TIME:
(P)		
OUNT CARD NO.		

JOB DESCRIPTION

ccident Date: 25.01.2023
ATURE: 3P.25.01.23

/NO LABOR CODE DESCRIPTION



:KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

---

edgement Slip

No.: SH 9110P JU TOKIO

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 9110P

Name of Service Advisor

Date

To be kept by Security Guard