

(96/11/1)

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:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Vehc:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

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:

SHD 4444K

Yr Regn: 14/11/2019

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

Truck / Traller or

Make:

Hyundai Ioniq

C.C. 1.580

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

258897

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KmhC851CULU189760

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

195 / 65 R15

R:

195 / 65 R15

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

TOYO / YOKO or

Must Lake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A. 16/1/23

D.O.I. 17/01/23 12pm

Survey held at

Comfort

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

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

Date / Time

Action / Instruction

T = 1160

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

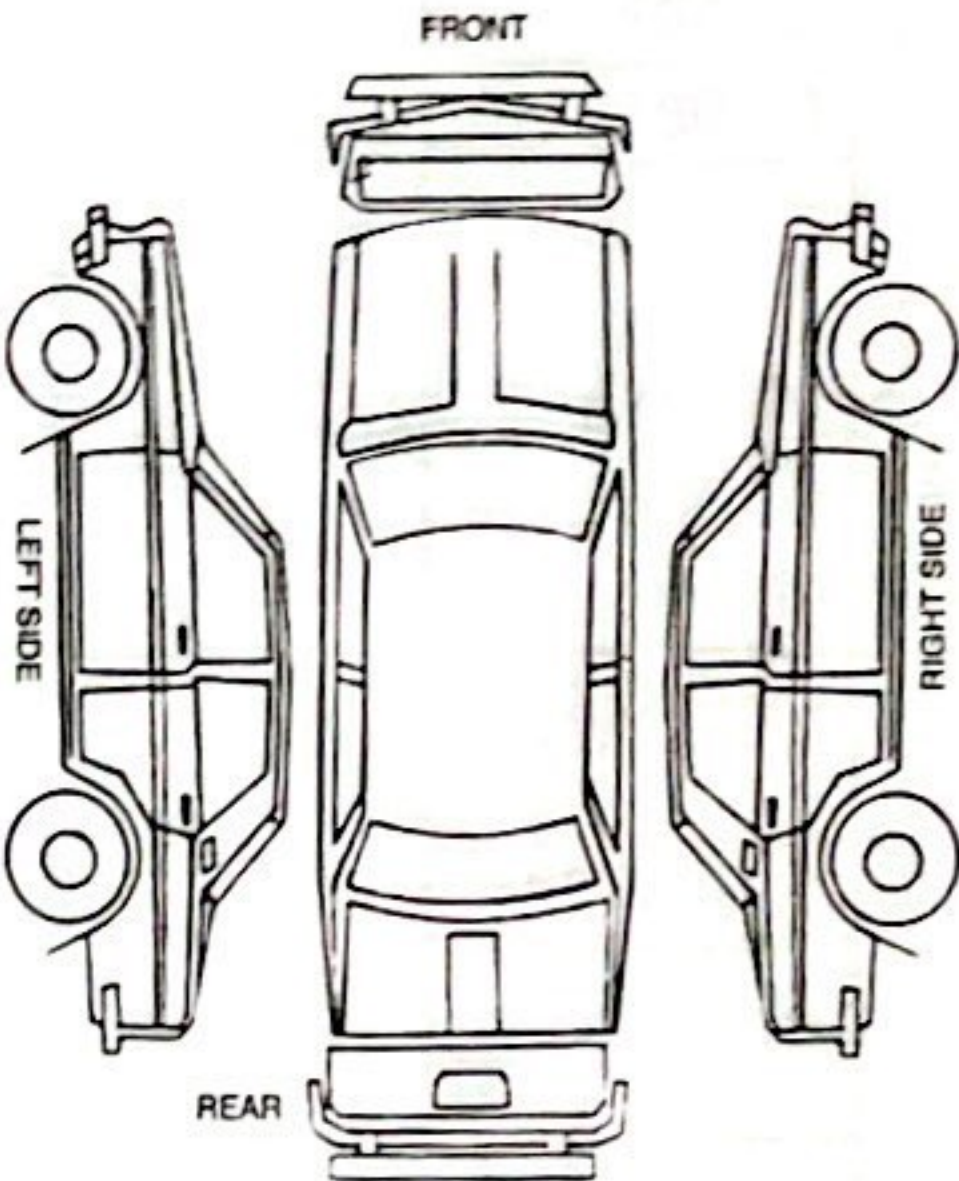
Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 5663949 JC NO.305542843

STOMER	REGN NO: SHD4444K	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
STOMER NO 7010045	MODEL IONIQ(G3) 16	DATE/TIME IN 01.2023 14:15
DRESS 383 SIN MING DRIVE	YR OF MANU 14.11.2019	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHC851CVLU189760	COMPLETION DATE/TIME
65508755 (R) (P)		
ICOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 16.01.2023
NATURE: 3P 16.01.2023

S/NO LABOR CODE DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

nowledgement Slip

e No.: SHD4444K CHIANG

Exit Pass

Vehicle No.: SHD4444K

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard