

Smg

REF:

NS/INC23001512/Svp3

ASS. REC. BY:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspct Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: GBG 6245K to Income  
 Policy No. \_\_\_\_\_  
 Claims No. MT/1208329-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_



(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 Sect: \_\_\_\_\_ 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: 54C18102 Yr Reg: 13/09/2018  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai i10N1a 1580  
 Colour Blue AC: Insured / Std / N/A  
 Sp. Reading 601908 T/Radio: Insured / Std / N/A  
 Eng No: \_\_\_\_\_  
 C No: KMH2851LVKJ107536  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Indicator / Jammed / Leaked / Burnt or  
 Brake: Indicator / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD / Rim: or  
 Tyre Size: F: 195/65/R15  
 R: \_\_\_\_\_  
 DS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or web+lake  
 Front R/Bal. 6 mm R/Bal. 5 mm  
 L/Bal. 6 mm L/Bal. 5 mm  
 D.O.A. 3/2/23 D.O.L. 3/2/23 450mm  
 Survey held at Comfort 3/2/23  
 Des. of Damages: Fnt / Rear / O/S / U/S / UIC / Rooftop or

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

| Date / Time | Action / Instruction                         |
|-------------|----------------------------------------------|
| 14/2/23     | Irfan confirmed LS \$3450 (red 3454 80, 50%) |
|             |                                              |
|             |                                              |
|             |                                              |
|             |                                              |
|             |                                              |
|             |                                              |
|             |                                              |

Date/Time, File Pass to?

☐ : Prell. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2) 17/2/23-typist

Report Format: TP

Lump Sum / T.B.L. (\$ 3450)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$

Phone

Other

TOTAL

Date/Time: 03.02.2023 12:57

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 5790624

JC NO.305544522

JSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD  
JSTOMER NO 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
TEL (P) 65508755 (O)  
(P)

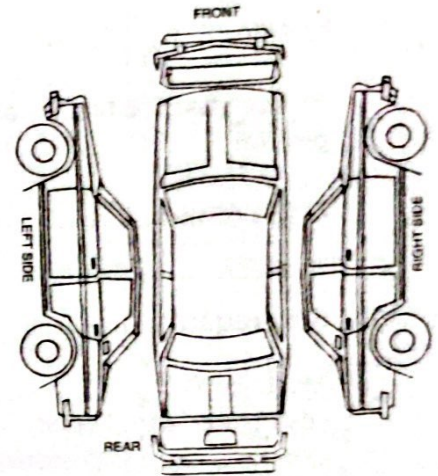
ISCOUNT CARD NO.

|                                   |                                  |
|-----------------------------------|----------------------------------|
| REGN NO:<br>SHC1810L              | MILEAGE                          |
| MAKE:<br>HYUNDAI                  | FUEL<br>E 1/2 F                  |
| MODEL<br>IONIQ(G2)                | DATE/TIME IN<br>03.02.2023 07:15 |
| YR OF MANU<br>13.09.2018          | TARGET DATE                      |
| CHASSIS CODE<br>KMHC851CVKU107536 | COMPLETION DATE/TIME             |

JOB DESCRIPTION

Accident Date: 03.02.2023  
NATURE: 3P 03.02.2023

S/NO                      LABOR CODE                      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

ame:

No.:

Vehicle No.: SHC1810L YY

ame of Service Advisor

to be returned to Service Reception upon collection

Signature/Date

Exit Pass

Vehicle No.: SHC1810L

Name of Service Advisor

To be kept by Security Guard

Date