

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 Secn: _____ 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 / ☒ / Prime Mover /
 Truck / Trailer or
 Make: Hyundai iONIQ 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: Good / Jammed / Leaked / Burnt or
 Brake: Good / 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 Webst+Lowe
 Front: _____ Rear: _____
 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: 3/3/23 450pm
 Survey held at Comfort
 Des. of Damages: Fnt / Rear / O/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)

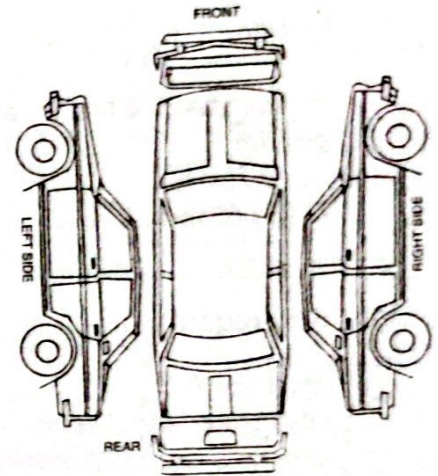
ISCOUNT CARD NO.

REGN NO: SHC1810L	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL IONIQ(G2)	DATE/TIME IN 03.02.2023 07:15
YR OF MANU 13.09.2018	TARGET DATE
CHASSIS CODE KMH851CVKU107536	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