

(08/11/19)

REF:

NS/INC23001513/Sqp3

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspcd Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: Inconel
 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 Scen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res: Yes or No
 Ltm Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB35352 Yr Regd: 13/12/19
 Type: M.Cer / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius cc 1798
 Colour: yellow AC: Insured / Std / Nil / NA
 Sp. Reading: 420841 T/Radio: Insured / Std / Nil / NA
 Eng No: _____
 C/Nr: JTDKCB3FV803081636
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rlm / STD / Adm / or
 Tyre Size: F: 195 / 65 R15
 R: 195 / 65 R15
 BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake
 Front R/Bal. 5 mm Rear R/Bal. 6 mm
 L/Bal. 5 mm L/Bal. 6 mm
 D.O.A. 2/2/23 D.O.I. 3/2/23 4444
 Survey held at comfort
 Des. of Damages: Frt / Rear / CR / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Irfan finalised I S \$1450, 2 days. (Red \$1409.14, 49%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum H.B. (\$ 1450)Days Of Repair: 2Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Date/Time: 03.02.2023 11:04

Page : 1

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5790611

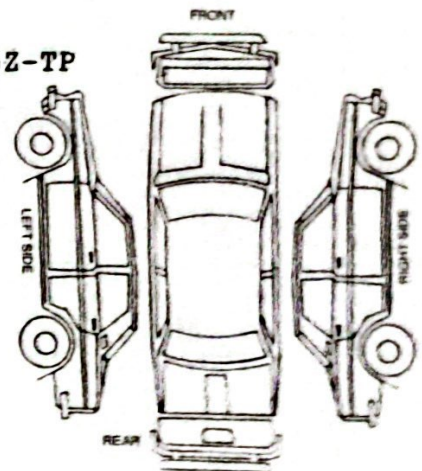
JC NO.305544520

OWNER CITYCAB PTE LTD S 7010070 OWNER NO ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P) IDENT CARD NO.	REGN NO	SHB3535Z	MILEAGE
	MAKE	TOYOTA	FUEL E 1/2 F
	MODEL	PRIUS HYBRID(G4A02)	DATE/TIME IN 02.2023 23:15
	YR OF MANU	13.12.2019	TARGET DATE
	CHASSIS CODE	JTDKB3FU803089636	COMPLETION DATE/TIME

Accident Date: 02.02.2023
NATURE: 3P 02.02.2023

JOB DESCRIPTION

Job NO: 10010 LABOR CODE: PB
DESCRIPTION: LUMPSUM REPAIR-SHB3535Z-TP



ISSUED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Job No: SHB3535Z LIMITS

Vehicle No.: SHB3535Z

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard