DATE: Sm (signature) 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: CTI

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
XX	XX

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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: Sha 521m Yr Regn: 13/09/2017

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

Truck / Trailer or ______

Make: toyota prius cc 1798

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

Sp.Reading: 687694 T/Radio: Insured / Std / NI / NA

Eng/No: –

C/No: JTDKB3FU703562880

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or ______

Brake: In order / Jammed / Leaked / Burnt or ______

Modi: 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 westlake

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	24/1/23		D.O.I.	25/1/23 330	

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? ☐ : Prell. Report

1) ______ ☐ : Final Report

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:	
$ + K$ __ $	
Photos	
Others	
TOTAL	

OMFORTDELGRO
NGINEERING

ComfortDelGro Engineering Pte Ltd
[illegible]
Workshops
[illegible]
383 Sin Ming Drive Singapore 575717

Date/Time: 25.01.2023 13:39 Page : 1

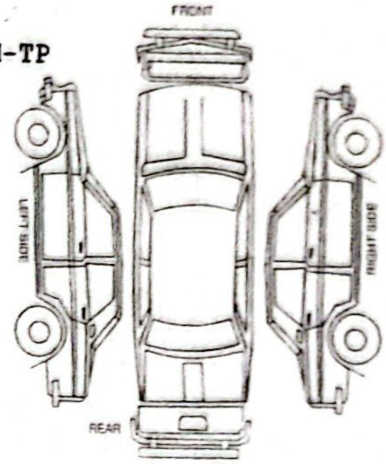
am: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 5728611 JC NO 305543375

OMER		REGN NO.: SHA 521M	MILEAGE
3	CITYCAB PTE LTD	MAKE: TOYOTA	FUEL E ___ 1/2 ___ F
OMER NO.	7010070	MODEL: PRIUS HYBRID(G4)	DATE/TIME IN: 25.01.2023 10:30
ESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU: 13.09.2017	TARGET DATE
(R)	65551188 (O)	CHASSIS CODE: JTDKB3FU703562880	COMPLETION DATE TIME
(P)			
UNT CARD NO.			

JOB DESCRIPTION

:cident Date: 24.01.2023
TURE: 3P 24.01.2023

NO	LABOR CODE	DESCRIPTION
00010	PB	PANEL BEATING-SHA 521M-TP



KED & PASSED OUT BY: ____________________

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

---

edgement Slip

lo.: SHA 521M LIMTS

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA 521M

Name of Service Advisor

Date

To be kept by Security Guard