ASS. REC. BY: | REF:

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
XXX	XXX

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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: SH8101J Yr Regn: 13/12/19

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

Truck / Trailer or _____

Make: toyota Rush cc 1798

Colour Blue A/C: Insured / S/A / NI / NA

Sp.Reading 231622 T/Radio: Insured / S/A / NI / NA

Eng/No: _____

C/No: JTDKB3FU503090095

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

DS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or westlake

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	19/1/23	D.O.I.	25/11/23 33yp

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?

1) _____ ☐ : Prell. Report ☐ : 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:	
$ + RS _ SI	
Photos	
Others	
TOTAL	

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COMFORTDELGRO ENGINEERING

Date/Time: 25.01.2023 12:44 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5728271

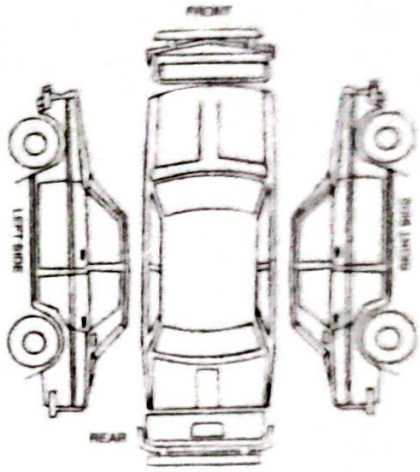
JC NO:305543371

STOMER	REGN NO: SH 8101Y / MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA / FUEL
STOMER NO. 7010045	MODEL: PRIUS HYBRID(G4A25.01.2023 11:35 / DATE TIME IN
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU: 13.12.2019 / TARGET DATE
(R) 65508755 (O)	CHASSIS CODE: JTDKB3FU503090095 / COMPLETION DATE/TIME
(P)	
COUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 19.01.2023
NATURE: 3P 19.01.2023

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

No.: SH 8101Y CHIANG

of Service Advisor

Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 8101Y

Name of Service Advisor

Date

To be kept by Security Guard

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