ASS. REC. BY: Sm | 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

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 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA9562Z Yr Regn: 11/01/2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai i-40 cc 1685

Colour Yellow A/C: Insured / Std / NIL / NA

Sp.Reading 979177 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB41UMHJ098315

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: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	27/1/23	D.O.I.	30/1/23 3.30pm

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) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

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 $
Photos	
Others	
TOTAL	

OMFORTDELGRO
GINEERING

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6383 8080 Facsimile : 65 6280 9735
Workshops
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

Date/Time: 30.01.2023 09:39 Page : 1

m: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: 5764668 JC NO 305543932

MER
CITYCAB PTE LTD
MER NO. 7010070
SS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
R) 65551188 (O)
P)

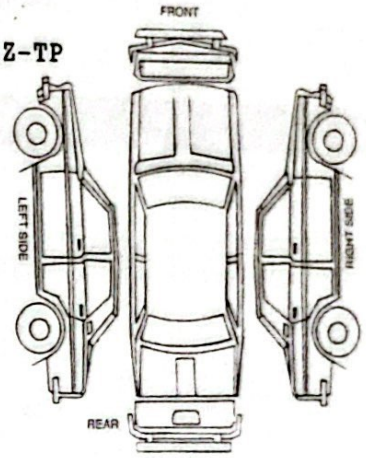
INT CARD NO.

REGN NO.: SHA9592Z	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL: I-40	DATE/TIME IN 30.01.2023 09:15
YR OF MANU: 11.01.2017	TARGET DATE
CHASSIS CODE: KMHLB41UMHU098315	COMPLETION DATE/TIME

JOB DESCRIPTION

cident Date: 27.01.2023
TURE: 3P 27.01.2023

NO	LABOR CODE	DESCRIPTION
0010	PB	LUMPSUM REPAIR-SHA9592Z-TP



ED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

L: SHA9592Z LIMTS

ervice Advisor Signature/Date

med to Service Reception upon collection

Exit Pass

Vehicle No.: SHA9592Z

Name of Service Advisor Date

To be kept by Security Guard