

PAGE 11

REF:

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: _____

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.



Bol. or Market Value: _____

IDAC Accident Report: _____ Consistent: Yes or No

GIA / PR Seen: _____ Consistent: Yes or No

Est. Repairs: 4 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLC7229B Yr Regn: 28/07/2016

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

Truck / Trailer or

Make: hyundai 1-40 'cc 1.685

Colour yellow AC: Insured / Std / NI / NA

Sp. Reading 634798 T/Radio: Insured / Std / NI / NA

Eng No: _____

CN: KmhL B41UM9U092535

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / Rrim or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 10/2/23 D.O.L. 13/2/23

Survey held at comfort

Des. of Damages: Frt / Rear / Q/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?

☐ : Prel. Report

☐ : Final Report

1)

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. \$

Photos

Others

TOTAL

Date/Time: 13.02.2023 08:44 Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5852902

JC N0305545398

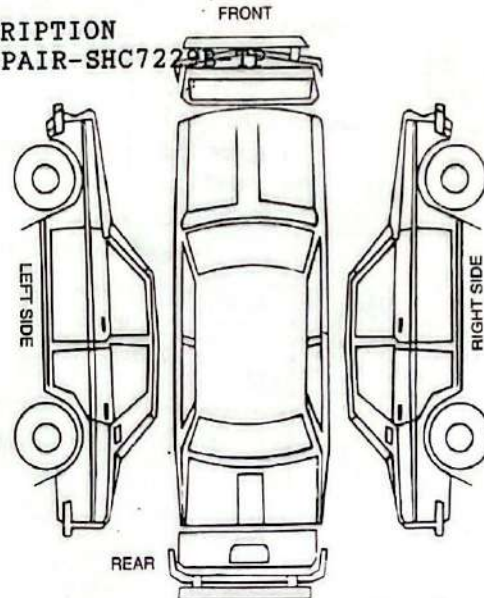
OMER	REGN NO.: SHC7229B	MILEAGE
IS CITYCAB PTE LTD 7010070	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 10.02.2023 18:50
ESS 65551188 (O)	YR OF MANU. 28.07.2016	TARGET DATE
(P)	CHASSIS CODE KMHLB41UMGU092535	COMPLETION DATE/TIME:
DUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 10.02.2023
ATURE: 3P 10.02.2023

'NO LABOR CODE
00010 PB

DESCRIPTION
LUMPSUM REPAIR-SHC7229B-TP



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.:

SHC7229B

No.: **SHC7229B**

LIMITS

Service Advisor

Signature/Date

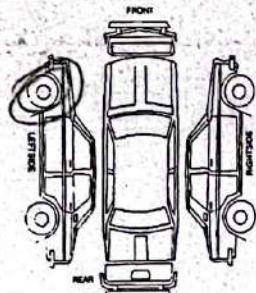
Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition 1. Date: 10/2/23 Time Received: 1930 2. ☐ New ☐ SPARK Kakis Name of Customer: Mr Tan Contact No.: 9636 6619 Vehicle No.: SHC 7229B Make / Model / Colour: I40 Email:		3. Vehicle Type: ☐ Private ☒ Taxi (CTPL/CCPL) ☐ Fleet ☐ STK (Boon Lay)	4. Type of Towing: ☒ Normal Tow ☐ King Dolly ☐ Flat Bed ☐ Crane-up
5. Nature of Service: ☐ Jumpstart ☐ Recovery ☐ Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: 149 Serangoon North Ave 1		8. Vehicle Tow - In Workshop: ☐ Smoky Exhaust ☐ Wheel Jammed ☐ Overheating ☐ Steering Faulty ☐ Brake Faulty ☐ Alternator Faulty ☐ Starting Problem ☐ Loss Power ☒ Accident ☐ Engine Stalled ☐ Return Taxi	
9. Preferred Workshop: ☐ Braddell ☒ Loyang ☐ Pandan ☐ Sin Ming ☐ Sungei Kadut ☐ Ubi ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD) ☐ Others:		10. Odometer Reading: Fuel Level: F 1/4 1/2 3/4 E	
11. Radio / CD Player ☐ OK ☐ Faulty ☐ Not tested		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer	

Cash Invoice Details (if applicable)

13. Cash Invoice No.:

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COPY