

ASSIGNMENT

From: _____ Date: _____ Vch No: Sh917186 Yr Regr: 20/12/2017
 Estimated Cost: _____ Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 140 cc 1688
 Colour: Blue AC: Insured / ☒ Sd / ☒ HT / NA
 Sp. Reading: 581688 T/Radio: Insured / Sd / NI / NA
 Eng/No: _____ C/No: KmhLB41Umhu09993
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Locked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD / ☒ Rim, or
 Tyre Size: F: _____ R: 205/60 R16
 BS / DUN / EXNOVA / GY / FS / LZA / WIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or giti
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 11/2/23 D.O.L. 13/2/23 spn
 Survey held at Comfur
 Des. of Damages: Frt / Rear / ☒ C/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Incident No. MT/1209714-002 SLG 9448D
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? Yes or No
 GIA / PR Scen: _____ 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

Date / Time	Action / Instruction
1/3/23	Irfan confirmed LS \$3500 (red 6033.56, 63%)

Date/Time, File Pass to? ☐ : Proil. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?
 2) 1/3/23-typist

Report Format: TP
 Lump Sum / H.B.: (\$ 3500)

Days Of Repair: 4
 Resurvey No. of Trip: 1

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

Survey Fee:
 Transportation: _____
 S + RS: \$ _____
 Photos: _____
 Others: _____
 TOTAL

Date/Time: 13.02.2023 12:45

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Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC N0305545562

CUSTOMER		REGN NO: SHA1718G	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL
CUSTOMER NO. 7010045		MODEL I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		DATE/TIME IN 13.02.2023 09:40	
L (R) 65508755 (O)		YR OF MANU. 20.12.2017	TARGET DATE
ACCOUNT CARD NO.		CHASSIS CODE KMHLB41UMHU099903	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.02.2023

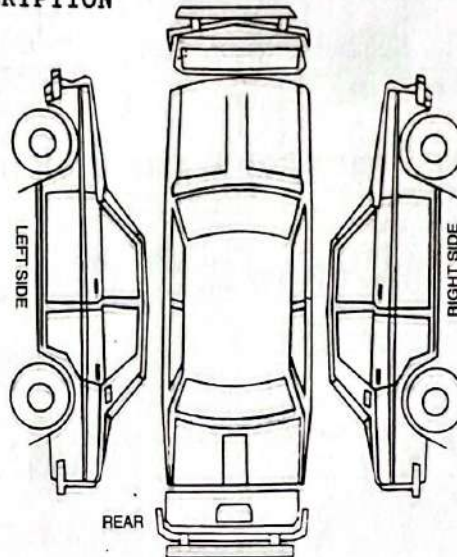
NATURE: 3P 11.02.2023

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

IC

2.:

e No.:

SHA1718G

YY

Vehicle No.:

SHA1718G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard