

Smf

REF:

NS/INC23002064/Snp3

ASS. REC. BY:

est

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:

Inc

Policy No.

Claims No. MT/1210554-002

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 Report: Consistent? Yes or No

GIA / PR Secn: Consistent? Yes or No

Est. Repairs: 2 days Rest: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN/OUT

Veh No:

Shd 6811X

Yr Regr: 8/4/16

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

Truck / Trailer or

Make:

mercedes benz

cc 2143

Colour

White

AC: Insured / Std / NI / NA

Sp. Reading

506588

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDP 2120012B30223

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SIRlm / STD / AIRlm or

Tyre Size:

F:

R:

225/55R16

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

TOYO / YOKO or

Giti

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Des. of Damages: Frt / Rear / Dis / NS / UIC / Rooftop or

Date/Time, File Pass to?

1) 22/03/23

Date/Time, File Return to?

2)

Report Format: tp

Lump Sum / I.B.I: (\$ 2350)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

3 + RS: \$

Photos:

Others:

Others:

Others:

Others:

Others:

Others:

Others:

Others:

Others:

Others:

Others:

Others:

Others:

Date/Time: 20.02.2023 15:37

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5886572

JC NO305546249

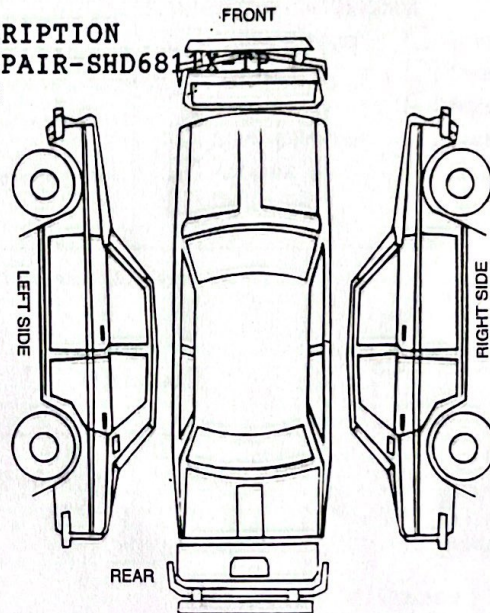
JMER 3 COMFORT TRANSPORTATION PTE LTD JMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)		REGN NO.: SHD6811X	MILEAGE
		MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
		MODEL E220CDI (E6)	DATE/TIME IN 19.02.2023 05:25
		YR OF MANU. 08.04.2016	TARGET DATE
UNT CARD NO.		CHASSIS CODE WDD2120012B309203	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 19.02.2023
 TURE: 3P 19.02.2023/C

NO	LABOR CODE
0010	PB
0020	23-01

DESCRIPTION
 LUMPSUM REPAIR-SHD6811X-TP
 TOWING FEE



KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

adgement Slip

Exit Pass

lo.: SHD6811X

LIMITS

Vehicle No.:

SHD6811X

Service Advisor

Signature/Date

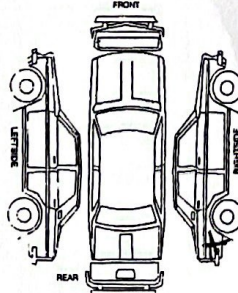
Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>19/12/23</u> Time Received: <u>0525</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR ANG SWEE KENG</u> Contact No. : <u>9847 7370</u> Vehicle No. : <u>✓ SHD6811X</u> Make / Model / Colour : <u>Mercedes Benz</u> Email : _____		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location: <u>703 Honggang Ave 2</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>LEE SHIEH HUA</u> Vehicle No. : <u>YM607911</u> Time Dispatch : <u>0525</u> Time of Arrival : <u>0555</u> Time Completed : <u>0625</u>		 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer: <u>[Signature]</u>	
Cash Invoice Details (if applicable)			
3. 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™.			
<u>19/12/23</u> Date		<u>0555</u> Time	
		Signature of Customer: <u>[Signature]</u>	
4. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/Guard	

CUSTOMER'S COPY