

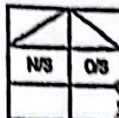
REF: SMS REP: CS/TMI23002955/Svy3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 CO/TP/WS/TP RES/CO RES/EVA/INV/INV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: SJP 7532H TMI
 Policy No: MS008156
 Claim No: M2301823
 Sum Insured: _____
 (Client's Record)
 Make of Vehicle: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: _____
 IDAG Accident Report: _____ Consistent? Yes or No
 GIA / PR Score: _____ Consistent? Yes or No
 Est. Repair: 3 days Rep: Yes or No
 Loss Sum: 70 % 3 Val: Yes or No

GA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: Chc 10796 Yr Reg: 09/08/2018
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Private Motor /
 Truck / Trailer or
 Make: Hyundai Year: 1580
 Colour: Blue AC: Insured / S / N / HA
 Sp/Reading: 616 476 Y/Reading: Insured / S / N / HA
 Eng No: _____
 Chassis: kmh 185 10000 10 6514
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Insured / Jammed / Locked / Burnt or
 Brake: Insured / Jammed / Locked / Burnt or
 Mod: NB / SRM / STD / Other, or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXOVA / GY / FS / LZA / MCG / OHTSU / PRI / SUMI /
 TOYO / YOKO or Mestlake
 Front: _____ Rear: _____
 Fuel: 5 mm Fuel: 5 mm
 L/Oil: 5 mm L/Oil: 5 mm
 DOA: 19/3/23 DOA: 22/3/23 2pm
 Survey held at: Comfort
 Des. of Damages: Fnt / Rear / Chs / N/S / WC / Roof/tp or
Rear O/S.
 The WC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	<u>L/S =</u>
27/3/23	Irfan confirmed LS \$1150 (red 3432.44, 74%)

Date/Time, File Path to? ☐ : Prel. Report
☐ : Final Report

1) _____
 Date/Time, File Path to?
 2) 27/3/23-typist

Report Format: Merimen

Lump Sum / L/S: (\$ 1150)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + R: \$ _____

Phone:

Other:

TOTAL

Date/Time: 20.03.2023 13:56

Page : 1

Team: . ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5890042

JC NO305549202

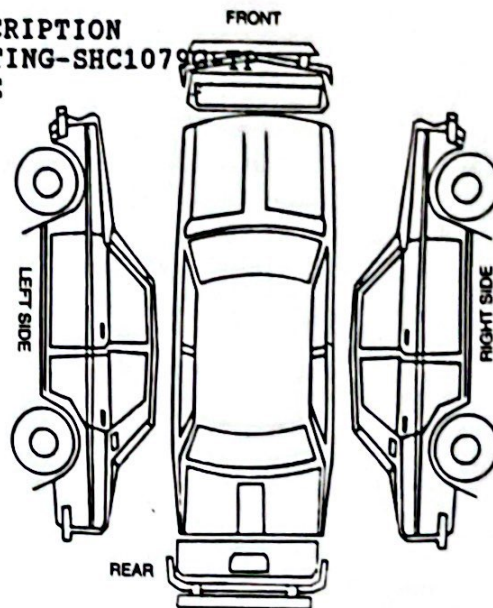
CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (F) 65508755 (C) (P) COUNT CARD NO.	REG NO. SHC1079G	MILEAGE
	MAKE HYUNDAI	FUEL E 1/2 F
	MODEL IONIQ(G2)	DATE/TIME IN 19.03.2023 13:55
	YR OF MANU 09.08.2018	TARGET DATE
	CHASSIS CODE KMH851CVKU106514	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 19.03.2023
 NATURE: 3P 19.03.2023

/NO	LABOR CODE
00010	PB
00020	23-01

DESCRIPTION
 PANEL BEATING-SHC1079G-TP
 TOWING FEE



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SHC1079G LIMITS

Vehicle No.: SHC1079G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 19/03/2023 Time Received: 13.55		3. Vehicle Type:		4. Type of Towing:	
2. ☐ New ☐ SPARK Kakis		☐ Private		☒ Normal Tow	
Name of Customer : LEE KOK THYE		☒ Taxi (CTPL/CCPL)		☐ King Dolly	
Contact No. : 96398860		☐ Fleet		☐ Flat Bed	
Vehicle No. : SHC 1079 G		☐ STK (Boon Lay)		☐ Crane-up	
Make/Model/Colour :		5. Nature of Service:		6. Parts Replaced/Remarks:	
Email :		☐ Jumpstart			
		☐ Recovery			
		☐ Change Tyre / Battery			

7. Location: 182 Bedok north rd		8. Vehicle Tow - In Workshop:	
9. Preferred Workshop:		☐ Smoky Exhaust ☐ Wheel Jammed	
☐ Braddell ☒ Loyang ☐ Pandan		☐ Overheating ☐ Steering Faulty	
☐ Sin Ming ☐ Sungai Kadut ☐ Ubi		☐ Brake Faulty ☐ Alternator Faulty	
☐ Komoco (UBI / Leng Kee)		☐ Starting Problem ☐ Loss Power	
☐ Others: _____		☒ Accident ☐ Engine Stalled	
		☐ Return Taxi	

10. Odometer Reading : _____		11. Radio / CD Player	
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E		☐ OK	
		☐ Faulty	
		☐ Not tested	

Job Attended		# : Cracked X : Dented / : Scratched O : Missing Signature of Customer
12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☐ OTHERS		
Name of Driver : SAM CHEE		
Vehicle No. : GBS 297 J		
Time Dispatch : 13.55 PM		
Time of Arrival : _____		
Time Completed : _____		

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. 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.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

19/03/2023	1.55 pm	
Date	Time	Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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WORKSHOP COPY