POST:

ASS. REC. BY:

REF: NS/INC23003060/Svp3

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 SLA 4480Z

Policy No. _____

Claims No. MT/1210402-002

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: She7919T Yr Regn: 8/01/2020

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

Make: Toyota Prius cc 1.798

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

Sp.Reading Unable to Start T/Radio: Insured / Std / NI / NA

Eng/No: —

C/No: JTDKB33FU903090441

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD 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.	6/2/23	D.O.I.	20/2/23 12am

Survey held at Comfort

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Frt O/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	L/S =
31/3/23	Irfan confirmed LS $2900 (red 1322.77, 31%)

Date/Time, File Pass to?

1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Returns to?

2) 11/4/23-typist

Report Format : TP

Lump Sum ~~/ I.B.I:~~ ($ 2900)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	
S + RS :	
Photos	
Others	
TOTAL	

ENGINEERING

member of COMFORTDELGRO

205 Braddell Road Singapore 579701
Mainline + 65 6383 6260 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408543
24 Sengkio Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768730

Date/Time: 17.02.2023 12:39 Page : 1

eam: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 5886274 JC NO: 305545907

TOMER

IS CITYCAB PTE LTD
TOMER NO. 7010070
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

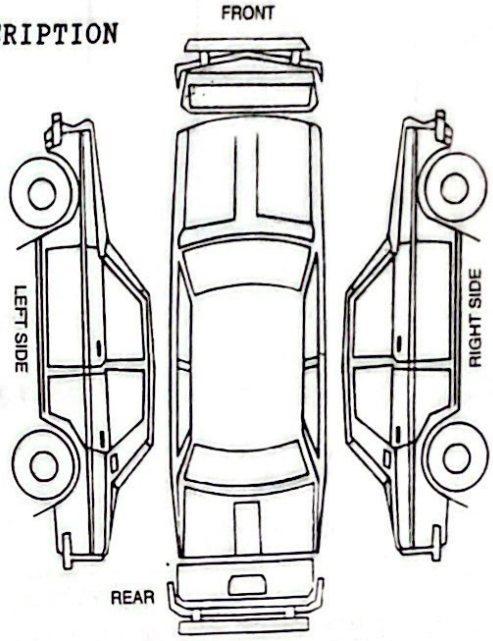
OUNT CARD NO.

REGN NO.: SHC7919T	MILEAGE
MAKE : TOYOTA	FUEL E 1/2 F
MODEL PRIUS HYBRID(G4A	DATE/TIME IN 17.02.2023 09:50
YR OF MANU. 08.01.2020	TARGET DATE
CHASSIS CODE JTDKB3FU903090441	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 16.02.2023
ATURE: 3P 16.02.2023

'NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

lo.: SHC7919T CHIANG

Service Advisor

Signature/Date

urned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7919T

Name of Service Advisor

Date

To be kept by Security Guard