

DATE

Smg

REF:

ASS. REC. BY:

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. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Valt _____

(Policy Condition)

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

N/S	O/S

BoL or Market Value: _____

IDAC Accident Report: _____

Consistent? Yes or No

GIA / PR Sect: _____

Consistent? Yes or No

Est. Repairs: 2 days

Res: Yes or No

Lump Sum: 20 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

LB - PTP - 630

Date/Time, File Pass to?

☐: Profl. Report

1) _____
Date/Time, File Return to?

☐: Final Report

2) _____

Report Format: _____

Lump Sum / LBJ: (\$ _____)

Veh No: SLC 25987

Yr Reg: 13/12/2018

Type: MCar / M.Cycle / Bus / Van / Lorry / TAD / Prime Mover L

Truck / Trailer or

Make: Toyota

cc 1798

Colour Blue

AC: Insured / Std / NA

Sp. Reading 525663

TR: Insured / Std / NA

Eng No: _____

C/Nr: STD KB3FU 303077626

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N/A / S/Rim / STD / Air Rim, or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LZA / WIC / OHTSU / PR / SUMI

TOYO / YOKO or westlake

Front

Rear

R/Bal. 3 mm

R/Bal. 5 mm

L/Bal. 2 mm

L/Bal. 5 mm

D.O.A. 22/12/23

D.O.I. 23/12/23 2:30

Survey held at Yom Fort

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Roof top or

FF + N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

3 + RS : \$

Photo

Others

TOTAL

Add Fee:

☐: Site Insp (\$ _____)

☐: Interview (\$ _____)

☐: Tech. Invs (\$ _____)

☐: Weekend (\$ _____)

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5886875

JO NC805546475

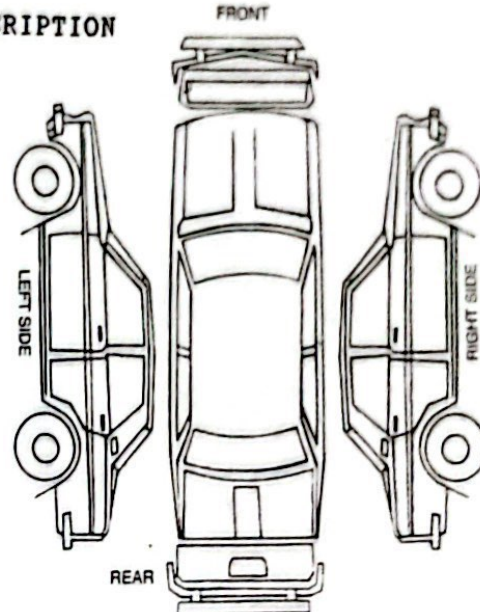
CUSTOMER		REG NO.	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD		SHC2598T	
CUSTOMER NO. 7010045		MAKE	FUEL
ADDRESS 383 SIN MING DRIVE		TOYOTA	E 1/2 F
Singapore SINGAPORE 575717		MODEL	DATE/TIME IN
(R) 65508755 (P)		PRIUS HYBRID(G4)22.02.2023 13:40	
		YR OF MANU	TARGET DATE
		13.12.2018	
COUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME
		JTDKB3FU303077698	

JOB DESCRIPTION

Accident Date: 22.02.2023
NATURE: 3P 22.02.2023

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHC2598T CHIANG

Vehicle No.: SHC2598T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard