

REF: Smg

REF: NS/INC23003072/Swp3

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 Veh: _____

Veh No: Shd34445 Yr Reg: 14/09/16
 Type: M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota prius cc 1798
 Colour: Blue AC: Insured 12/10/14
 Sp. Reading: 856141 TR: Insured 12/10/14
 Eng No: _____
 CH: 3TDKB3F11703529605
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Ind / Jer / Jammed / Leaked / Burnt or
 Brake: Ind / Jer / Jammed / Leaked / Burnt or
 Mod: NB / SRim / STD / ARim / or

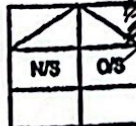
Tyre Size: F: 195/65R15
 R: _____
 BS/DUN/EXNOVA/GY/FS/LZA/WC/OHTSU/PR/SUMI/
 TOYO/YOKO or Webster

Front: _____ Rear: _____
 RUBal: 5 mm RUBal: 6 mm
 LUBal: 5 mm LUBal: 6 mm
 D.O.A. 02/2/23 D.O.A. 23/2/23 22m
 Survey held at Comfort
 Des. of Damages: Frt / Rear / C/S / NS / UC / Roof or
Frt + C/S.

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

(Policy Condition)

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



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR Sect: _____ Consistent? Yes or No
 Est. Repair: 3 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

27/03/2023 Finalise I/S \$4,700.00 @ 3 days (Red \$3,556.82/43%)

Date/Time, File Pass to?

☐: Prell. Report
☒: Final Report

1) typist

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.J: (\$ L/S \$4,700)

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

3 + 12 = 15

Phone:

Other:

TOTAL

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 1190701
Mainline + 65 6383 6280 Facsimile + 65 6380 9755
Workshops
69 Loyang Drive Singapore 608968 24 Sengkang Linn Singapore 758155
353 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609066 501 Yishun Industrial Park A Singapore 768733
3361a Road Singapore 758733

Date/Time: 23.02.2023 13:45 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5886937

JC NO305546530

OMER

COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

JUNT CARD NO.

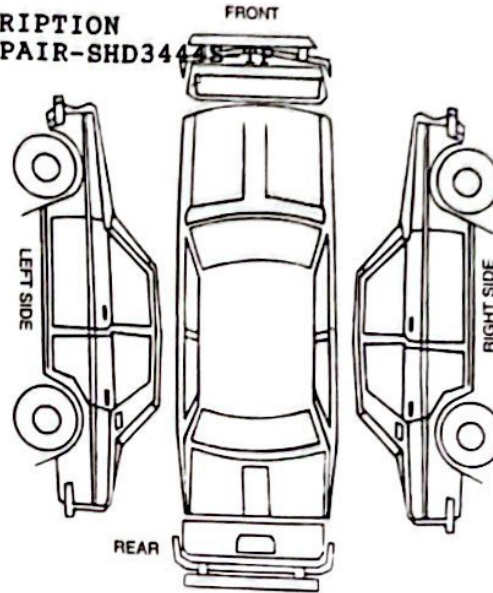
REGN NO.	SHD3444S	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)22.	E 1/2 F
DATE/TIME IN	22.02.2023 18:15	
YR OF MANU.	14.09.2016	TARGET DATE
CHASSIS CODE	JTDCB3FU703529605	COMPLETION DATE/TIME

Accident Date: 22.02.2023
NATURE: 3P 22.02.2023

JOB DESCRIPTION

NO LABOR CODE
0010 PB
0020 23-01

DESCRIPTION
LUMPSUM REPAIR-SHD3444S-TP
TOWING FEE



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Judgement Slip

Exit Pass

SHD3444S

LIMITS

Vehicle No.:

SHD3444S

Service Advisor

Signature/Data

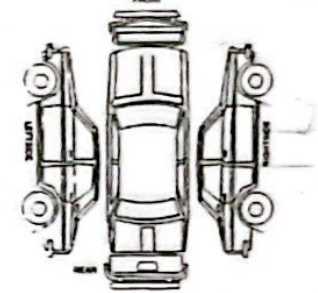
Name of Service Advisor

Date

ned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>22/2</u> Time Received: <u>1905</u>		3. Vehicle Type: <input type="checkbox"/> Private <input 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>Koh</u> Contact No. : <u>97584016</u> Vehicle No. : <u>SHD 34445</u> Make / Model / Colour : Email :		4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input checked="" type="checkbox"/> Crane-up	
7. Location: <u>122 Pasir Labu Rd</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 checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Dun</u> Vehicle No. : <u>607023</u> Time Dispatch : <u>1905</u> Time of Arrival : <u>1944</u> Time Completed : _____		 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: _____	
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™.			
Date: _____		Time: _____	
		Signature of Customer: _____	
14. WORKSHOP			
Name of Attending Staff/Guard: _____		Date & Time of Arrival: _____	
		Signature of Attending Staff/Guard: _____	

WORKSHOP COP