

DATE: Smf

ASS. REC. BY:

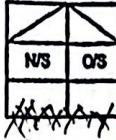
REF:

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: CTI
 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.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR Scort: _____ Consistent? Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Shc 36984 Yr Reg: 25/10/2019
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Trailer or
 Truck / Trailer or
 Make: Hyundai / 1019 cc 1580
 Colour: Blue AC: Insured / Old / NA
 Sp Reading: 270926 TP Reading: Insured / Old / NA
 Eng No: _____
 Ch No: Kmh 685 / CVLU 87287
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Mod: NB / S/Rim / STE / Rim, or
 Tyre Size: F: 195/65R15
 R: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / WIC / OHTSU / PRI / SUMI
 TOYO / YOKO or Wash Kone
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 23/2/23 D.O.I. 24/2/23 / 1230
 Survey held at Comfort
 Des. of Damages: Frt / Rear / O/S / N/S / UC / Roof/R or
 The UC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>4/5/23</u>	

Date/Time, File Pass to? ☐ : Prell Report
☐ : Final Report

1) _____
 Date/Time, File Return to? _____
 2) _____

Report Format :

Lump Sum / L.B.J.: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + R = \$ _____

Photos

Others

TOTAL

Date/Time: 23.02.2023 16:51

Page : 1

Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5887015

JC NO305546537

Owner

IS COMFORT TRANSPORTATION PTE LTD

Owner NO. 7010045

Address 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

Job Card NO.

REGN NO.

SHC3698G

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G3)

DATE/TIME IN
23.02.2023 14:05

YR OF MANU.

25.10.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU187287

COMPLETION DATE/TIME:

JOB DESCRIPTION

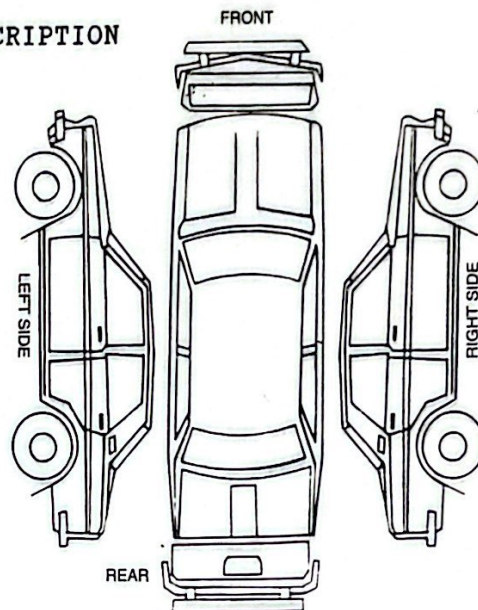
Accident Date: 23.02.2023

ATURE: 3P.23.02.23

NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist

Exit Pass

Vehicle No.: SHC3698G

JU CHINA

Vehicle No.:

SHC3698G

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard