

REF: sub

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 Veh: _____

(Policy Condition)

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



Dol. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR Scent: _____ Consistent? Yes or No
 Est. Repairs: 4 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: Sh 6800B Yr Reg: 8/10/2016
 Type: MCar / MCycle / Bus / Van / Lorry / Taxi / Prime Mover / L
 Truck / Trailer or _____
 Make: Hyundai 1200 cc 1248
 Colour: Blue AC: Insured / Std / NI / NA
 Sp. Reading: 687165 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/Nr: RmhL34 VmhU096660
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Ins / Jammed / Leaked / Burnt or
 Brake: Ins / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD / R/Rim, or
 Tyre Size: F: 195/65 R15
 R: _____
 BS / DUN / EDNOVA / GY / FS / LZA / WC / OHTSU / PR / SUMI /
 TOYO / YOKO or Westlake
 Front: _____ Rear: _____
 R/Bol: 5 mm R/Bol: 5 mm
 L/Bol: 5 mm L/Bol: 5 mm
 D.O.A. 2013/23 D.O.I. 2013/23 3pm
 Survey held at Comfort
 Des. of Damages: Fnt / Rear / O/S / N/S / WC / Roof top or

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

Date / Time	Action / Instruction
	<u>L/S =</u>

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

1) _____
 Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / LB.L: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

3 + RR: \$ _____

Photos: _____

Others: _____

TOTAL: _____

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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Mainline + 65 6363 6280 Facsimile + 65 6280 9755

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59 Loyang Drive Singapore 508909
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
329 Yishun Road Singapore 768439
24 Serangoon Road Singapore 758106
7 Sengkang Road Singapore 758791
801 Yishun Industrial Park A Singapore 768101

Date/Time: 20.03.2023 13:18

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Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5890036

JC NO305549077

CUSTOMER

RMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL (P) 65508755 (O)
(P)

REGN NO: SH 6800B

MAKE: HYUNDAI

MODEL: I-40

YR OF MANU: 08.12.2016

CHASSIS CODE: KMHLB41UMHU096660

MILEAGE

FUEL

DATE/TIME IN: 20.03.2023 01:30

TARGET DATE

COMPLETION DATE/TIME:

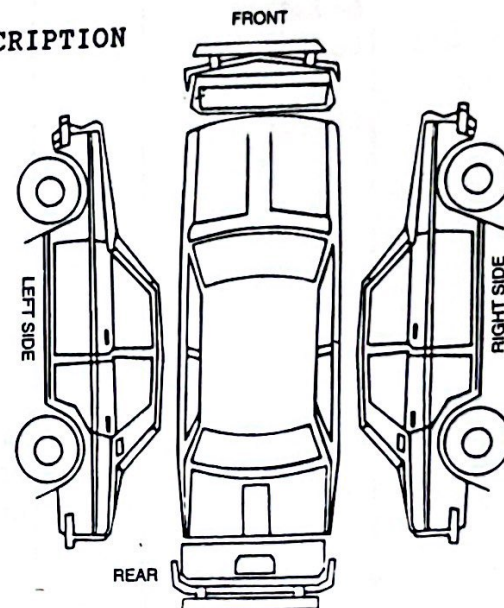
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.03.2023
NATURE: 3P 20.03.2023

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Vehicle No.: SH 6800B
CHIANG

Signature of Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6800B

Name of Service Advisor

Date

To be kept by Security Guard