

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: CT2  
Policy No.                       
Claims No.                       
Sum Insured:                      Excess:                       
(Client's Record)  
Make of Vch:                     

(Policy Condition)

Remark: The vch 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 Sec:                      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

Vch No: She 102P Yr Range: 118/2018  
Type: MCar / MCycle / Bus / Van / Lorry / Taxi / Private Motor L  
Truck / Trailer or  
Make: Hyundai cc 1520  
Colour: Yellow AG: Insured / Std / NA  
Sp. Reading: 388371 TR: Insured / Std / NA  
Eng No:                       
Ch No: kmh68514V3U103205  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inc / Jammed / Leaked / Burnt or  
Brake: Inc / Jammed / Leaked / Burnt or  
Mod: NB / SRim / STD / ARim, or  
Tyre Size: F: 195/65R15  
R:                       
BS / DUN / EXNOVA / GY / FS / LZA / WC / OHTSU / PRI / SUMI /  
TOYO / YOKO or westland  
Front: 5 mm Rear: 6 mm  
R/Bol: 5 mm L/Bol: 6 mm  
D.O.A: 8/3/23 D.O.L: 8/3/23 3pm  
Survey held at: Comfort  
Des. of Damages: Frt / Rear / O/S / N/S / WC / Roof top or  
Frt N/S  
The WC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

|  |            |
|--|------------|
|  | <u>L/S</u> |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |
|  |            |

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / LB.f: (\$                     )

Days Of Repair:                     

Resurvey No. of Trip:                     

Add Fee:

☐ Site Insp (\$                     )  
☐ Interview (\$                     )  
☐ Tech. Invs (\$                     )  
☐ Weekend (\$                     )

Survey Fee:

Transportation:

\$ + RS. 1.50

Photos

Other

TOTAL

Date/Time: 08.03.2023 14:25

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5888703

JO NC305547684

STOMER

MS CITYCAB PTE LTD  
STOMER NO. 7010070  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
.. (R) 65551188 (O)  
(P)

COUNT CARD NO.

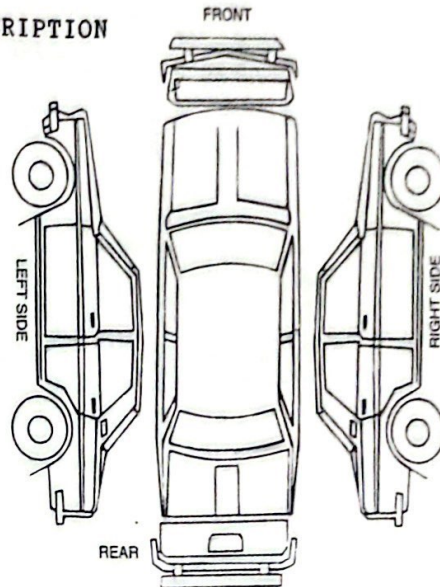
|                                   |                                  |
|-----------------------------------|----------------------------------|
| REGN NO.<br>SHC 102D              | MILEAGE                          |
| MAKE<br>HYUNDAI                   | FUEL<br>E 1/2                    |
| MODEL<br>IONIQ(G2)                | DATE/TIME IN<br>08.03.2023 10:30 |
| YR OF MANU<br>01.08.2018          | TARGET DATE                      |
| CHASSIS CODE<br>KMHC851CVJU103705 | COMPLETION DATE/TIME             |

Accident Date: 08.03.2023  
NATURE: 3P 08.03.2023

## JOB DESCRIPTION

3/NO LABOR CODE

## DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

No.: SHC 102D CHIANG

Vehicle No.: SHC 102D

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard