

ASS. REG. 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: TMI

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.

Est. or Market Value: \$ _____

IDAC Accident Report: _____ Consider? Yes or No

GIA / PR Secor: _____ Consider? Yes or No

Est. Repair: 3 days Rate: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: Sha 61210Yr Regr: 5/12/2019

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/C / Prime Mover L

Truck / Trailer or _____

Make: Toyota priuscc 1.748Colour: Blue

AC: Insured / Std / N/A

Sp. Reading: unable to start

T/Radio: Insured / Std / N/A

Eng/No: _____

C/No: JTDKB3FU003089565

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Incrder / Jammed / Leaked / Burnt or

Brake: Incrder / Jammed / Leaked / Burnt or

Mod: NS / S/Rim / STD A/Rim, or

Tyre Size: F: 195/65 R15

R: _____

BS/DUN/EDNOVA/GY/FS/LZA/MC/OHTSU/PR/SUMI

TOYO/YOKO or webster

Front

R/Bal: 5 mm

Rear

R/Bal: 5 mmL/Bal: 5 mmL/Bal: 5 mmD.O.A. 3/23D.O.L. 30/3/23 3pmSurvey held at comfort

Des. of Damages: Frt / Rear / OS / NS / UC / Roof or

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

Date/Time Action/Instruction

P/P

Balance:

yearly:

mv:

NIV:

Date/Time, File Pass to?

☐: Prel. Report☐: Final Report

Date/Time, File Return to?

1)

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:

\$ + R2: 1.30

Photos:

Others:

TOTAL

Date/Time: 29.03.2023 13:35

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5891298

JC NO305550102

STOMER

MS COMFORT TRANSPORTATION PTE LTD
STOMER NO 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

COUNT CARD NO.

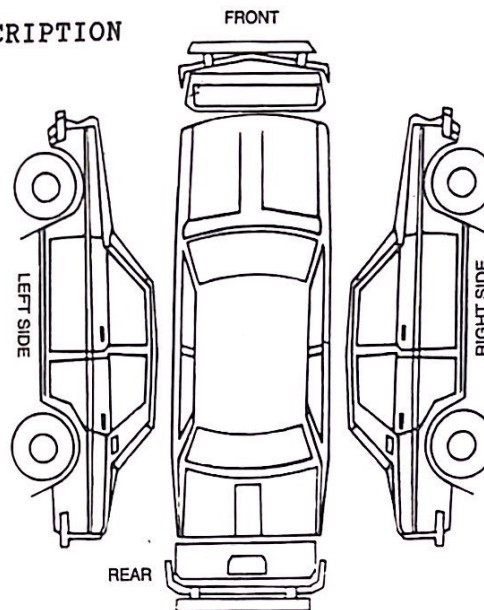
REGN NO: SHA6121U	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL: PRIUS HYBRID(G4A29.03.2023 10:00	DATE/TIME IN
YR OF MANU: 05.12.2019	TARGET DATE
CHASSIS CODE: JTDKB3FU003089565	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 28.03.2023
NATURE: 3P.28.03.23/C

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHA6121U JU TOKIO

Vehicle No.: SHA6121U

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Repairer Estimates
ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER:
CTPL

Tokio Marine Insurance Singapore Ltd (HQ)

Singapore

Jumani
CL Sum
LKK

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	28/03/2023
Vehicle Reg. No.:	SHA6121U	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS TAXI, 1.8 (A)	Vehicle Reg. Date:	05/12/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	2ZR2F53388	Chassis No:	JTDKB3FU003089565
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

	Amount
COST OF CLAIMS	2,046.72
Parts	11.00
Miscellaneous Items	2,240.00
Labour	0.00
Paintwork Labour	0.00
Towing	
Gross Total (S\$)	4,297.72
+ GST 8.00% (S\$)	343.82
Nett Amount (S\$)	4,641.54

This claim is handled by: JUMANI BIN MASUDIN

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