

A.S.S. REC. BY: Taufik

REF:

INC

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: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 7746 K Yr Regn: 2019 May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Plymouth Loring c.c. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 413844 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMMH C851CVK4145903

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: ~ ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Wesfah.Front: 6 mm Rear: 6 mmR/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 17/4/23Survey held at Compt Logg

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufik finalised LS \$1600, 2 days. (Red \$687.88, 30%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Rep. Format: TPLump Sum / ~~LS~~ 1600Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

REPAIR ESTIMATE

Model : IONIQ(G3)

MVA: MS. LOKE YY

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Langhin'c / Hunterdon

Date:

Date/Time: 17.04.2023 14:58 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5893373

JC NO305551245

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65508755 (O)

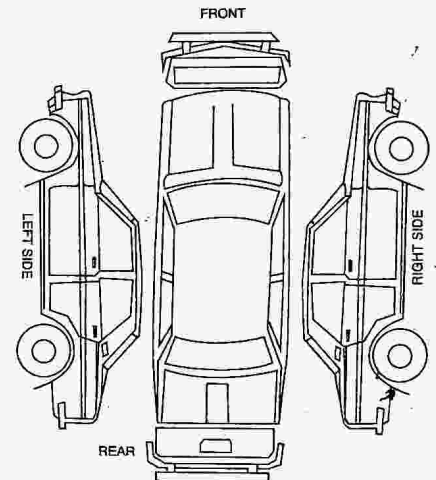
DISCOUNT CARD NO.

REGN NO: SHA7746K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL IONIQ(G2)	DATE/TIME IN 15.04.2023 19:20
YR OF MANU 03.05.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU145903	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.04.2023
NATURE: 3P 15.04.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

me:

No.: SHA7746K YY
hicle No.:

me of Service Advisor

Signature/Date

be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA7746K

Name of Service Advisor

Date

To be kept by Security Guard