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ASS. REG. BY:

REF:

NS/INC23004374/Svp3

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: SKG 5817K Inc
 Policy No. _____
 Claims No. MT/1218478-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: Shc70090 Yr Reg: 281/4/22
 Type: MCar / M.Cycle / Bus / Van / Lorry / TCM / P/Bus / Motor L
 Truck / Trailer or _____
 Make: Toyota Prius cc 1798
 Colour: yellow AC: Insured / Std / N/A
 Sp. Reading: 197398 T/Radar: Insured / Std / N/A
 Eng/No: _____
 C/No: SIDKB3FU6030962455
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: NB / S/Rim / STD AIR/In, or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bot. or Market Value: \$ _____
 IDAC Accident Report: _____ Consist? : Yes or No
 GIA / PR Sect: _____ Consist? : Yes or No
 Est. Repair: 2 days Rest: Yes or No
 Lump Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contact: _____

N/S	O/S

Typ Size: F: 195/65R15
 R: _____
 BS/DUN/EXHOVA/GY/FS/LZA/WG/OHTSU/PR/SUM/
 TOYO/YOKO or Weylake
 Front R/Bal: 5 mm Rear R/Bal: 5 mm
 L/Bal: 5 mm L/Bal: 5 mm
 D.O.A. 14/4/23 D.O.L. 17/4/23 231m
 Survey held at Comfort
 Des. of Damages: Frt / Rear / O/S / N/S / WC / Roof/Top of
 The WC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	PIP
30/4/23	Irfan confirmed final fig \$600 (Red 884.63, 59%)
	Balance:
	yearly:
	mv:
	NV:

Date/Time, File Pass to? : Profl. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) 11/5/23-typist
 Report Format: TP
 Lump Sum / L.B.: (\$ 600)

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transport: _____
 3 + RR: \$ _____
 Phone: _____
 Other: _____
 TOTAL: _____

Job: ARC Repair TP(CFS0)1

JOB CARD Sales Order: 5893294

JC NO305551148

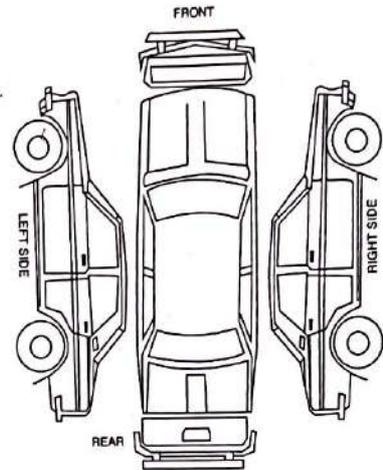
OWNER CITYCAB PTE LTD S 7010070 OWNER NO 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65551188 (R) (C) (P) JUNT CARD NO.	REGN NO: SHC7009U	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4A17.04.2023 09:50	DATE/TIME IN
	YR OF MANU: 28.04.2022	TARGET DATE
	CHASSIS CODE: JTDKB3FU603096455	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.04.2023
 Nature: 3P.14.04.23

NO	LABOR CODE
100	L
1005	SP

DESCRIPTION
 PANEL BEAT
 SPRAYPAINT CHARGE



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHC7009U JU INCOME

Vehicle No.: SHC7009U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard