

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: INC

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: _____ Consistent? Yes or No

GIA / PR Sec: _____ Consistent? Yes or No

Est. Repair: 1 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: Shc 3872 Yr Reg: 22/11/2023

Type: M/Gar / M/Cycle / Bus / Van / Lorry / Td / Prime Mover /

Truck / Trailer or

Make: Toyota Prius CC: 1700Colour: Yellow

AC: Insured / Std / NA

Sp. Reading: Unable to Start Y/Radio: Insured / Std / NA

Esp/No: _____

C/Nr: STD/KB3FU403097250

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 / 65 R15

R: _____

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

TOYO/YOKO or Web+lake

Front

Rear

R/Bal: 5 mmR/Bal: 5 mmL/Bal: 5 mmL/Bal: 5 mmD.O.A: 17/4/23D.O.A: 17/4/23 2pmSurvey held at ComfortDes. of Damages: Fnt / Rear / 6 / NS / UC / Roof or

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

Date/Time Action/Instruction

PIP

Ifan finalised final fig \$1602.95, 1 day.
(Red \$40, 2%)

Balance:

yearly:

mv:

NV:

Date/Time, File Pass to?

: Prel. Report

1)

: Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Comp. Sum / L.B.: (\$ 1602.95)Days Of Repair: 1Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RT: \$ _____

Phone:

Other:

TOTAL

Date/Time: 17.04.2023 12:46 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 5893349

JC NO305551239

STOMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R)
(P)

(O)

COUNT CARD NO.

REGN NO:
SHC 387Z

MILEAGE

MAKE:
TOYOTA

FUEL
E.....1/2.....F

MODEL: PRIUS HYBRID(G4A15) DATE/TIME IN: 04.2023 10:25

YR OF MANU:
22.03.2023

TARGET DATE

CHASSIS CODE:
JTDKB3FU403097250

COMPLETION DATE/TIME:

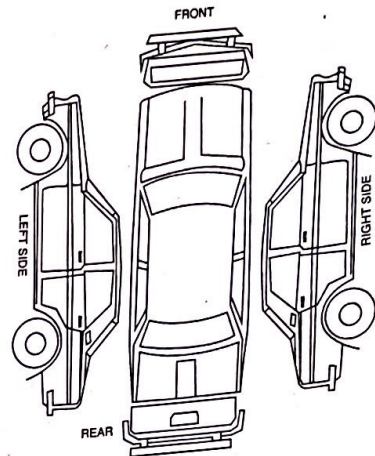
JOB DESCRIPTION

Incident Date: 15.04.2023
DURE: 3P 15.04.2023

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.:

SHC 387Z

CHIANG

Vehicle No.:

SHC 387Z

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard