

ASS. REC. 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 Vch: _____

(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 Sent: _____ Consistent? Yes or No
 Est. Repairs: 2 days Flare: Yes or No
 Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: SHA46185 Yr Reg: 29 DEC 2016
 Type: M/Gar / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI I-40 CC: 1685
 Colour: Blue AC: Insured / Std / NA
 Sp. Reading: 728164 YR/Insured / Std / NA
 Eng/No: _____
 CHNo: KMHLB41UMHU097709
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NB / SR/RA / STD / T/A/T/A, or

Tyre Size: F: 175/65 R15
 R: _____

BS/DUM/EXNOVA/GY/FS/LIZA/MC/OHTSU/PIR/SUMI/
 TOYO/YOKO or westlane

Front: _____ Rear: _____
 R/Bal: 5 mm R/Bal: 5 mm
 L/Bal: 5 mm L/Bal: 5 mm
 D.O.A. 28/04/23 D.O.I. 02/05/23 3:30p
 Survey held at COGE

Des. of Damages: Fnt / Rear / O/S / N/S / UC / Rollover or

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

Data / Time Action / Instruction

		Balance:
		yearly:
		MV:
		NV:

Date/Time, File Pass to?

1) _____
 Date/Time, File Return to?

2) _____

Report Format:

Lump Sum / LBJ: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Invs (\$ _____)
☐ Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RT: \$

Photos:

Others:

TOTAL

Date/Time: 02.05.2023 09:51

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 5895021

JC NO305553250

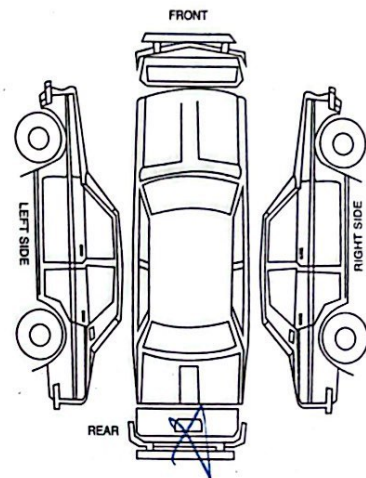
COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) DUNT CARD NO.	REGN NO.: SHA4618S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 02.05.2023 09:30
	YR OF MANU. 29.12.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMHU097709	COMPLETION DATE/TIME:

Accident Date: 28.04.2023
 ATURE: 3P.28.04.23

JOB DESCRIPTION

SMZ 75916

NO LABOR CODE DESCRIPTION



Usum

REKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHA4618S** **JU TOKIO**

Vehicle No.: **SHA4618S**

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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)

Jumani
Alsum

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	28/04/2023
Vehicle Reg. No.:	SHA4618S	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	29/12/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU659994	Chassis No:	KMHLB41UMHU097709
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,120.72
Miscellaneous Items	11.00
Labour	650.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,781.72
+ GST 8.00% (S\$)	142.54
Nett Amount (S\$)	1,924.26

This claim is handled by: JUMANI BIN MASUDIN

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