

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV _____

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____ INC

Policy No, _____

Claims No, _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Est. Repairs:	3	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:	SH9418C	Yr Regt	11 JAN 2017
Type:	M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
Truck / Trailer or			
Make:	HYUNDAI	CC	1685
Colour	Blue	AC:	Insured / STD / NI / NA
Sp. Reading	711493	YR:	Insured / STD / NI / NA
Eng No:			
C/Nr:	KMHLB41U19		HU098197
Gen. Cond:	Good / Fair / Poor / Burnt		
Steering:	In order / Jammed / Leaked / Burnt or		
Brake:	In order / Jammed / Leaked / Burnt or		
Mod:	NI / SIR / In / STD / AIR / In / or		

Tyre Size: F: ~~205 / 60 R16~~
R:

BS/DUN/EDNOVA/GY/FS/LZA/MIC/OHTSU/PR/SUMI/
TOYO/YOKO or Westlake

Front
R/Bol. 5 mm
U/Bol. 5 mm
D.O.I. 26/04/23

Back
R/Bol. 5 mm
U/Bol. 5 mm
D.O.I. 27/04/23 3:30pm

Survey held at _____ CDGE
Det. of Damages: Frit / O/S / N/S / WC / Roof top or
Frit N/S

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

[illegible]

Date/Time, File Path to?

1) Date/Time, File Returns to?

21 _____

Report Format :

Lump Sum / LBJ: (\$

☐ : Prel. Report
☐ : Final Report

Days Of Repair:**Resurvey No. of Trip:**

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

Survey Fee:

Translation:

1) 3 + 7K = 10

2) Photos

1. Others

TOTAL

Date/Time: 27.04.2023 08:23

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5894551

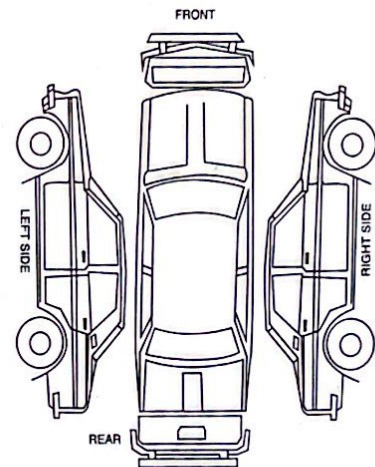
JC No 305552787

CUSTOMER COMFORT TRANSPORTATION PTE LTD MS 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REG NO: SH 9418C	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL T-40	DATE/TIME IN 26.04.2023 14:55
	YR OF MANU 11.01.2017	TARGET DATE
	CHASSIS CODE KMLB41UMHU098197	COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 26.04.2023
NATURE: 3P 26.04.2023

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SH 9418C YY

Vehicle No.: SH 9418C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard