

ASS. REC. BY:

Smf

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: CTI

Policy No. _____

Claim No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$ _____

IDAG Accident Report: _____ Consistent: Yes or No

GIA / PR Sent: _____ Consistent: Yes or No

Est. Repair: 2 days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Date / Time Action / Instruction

Date / Time Action / Instruction

Date / Time Action / Instruction

Date / Time Action / Instruction

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Date / Time Action / Instruction

Veh No: SHD3135JYr Reg: 23 Jun 2016

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

Truck / Trailer or

Make: HYUNDAI I-40CC: 1580Colour: Blue

AC: Insured / Stolen / NA

Sp. Reading: 626110

Yr. Reg. Insured / Stolen / NA

Eng. No: _____

C.No: KmHL34 / Um 90 091514

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N / S / R / L / STD / AIR / or

Tyre Size: F: 145 / 65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LZA / M / C / HTSU / PR / SUMI /

TOYO / YOKO or Westlake

Front

RUBal: 5 mm

Rear

RUBal: 5 mmLUBal: 5 mmLUBal: 8 mmD.O.A. 07/05/23D.O.L. 09/05/23 4pmSurvey held at CDGE

Des. of Damages: Fnt / Rear / C/S / N/S / WC / Roof top or

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

Balance:

yearly:

mv:

NA:

Date/Time, File Pass to?

: Preli Report

: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / LB: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation

B + P: \$ _____

Photos

Others

TOTAL

Date/Time: 08.05.2023 15:40

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 5895977

JC NO305554089

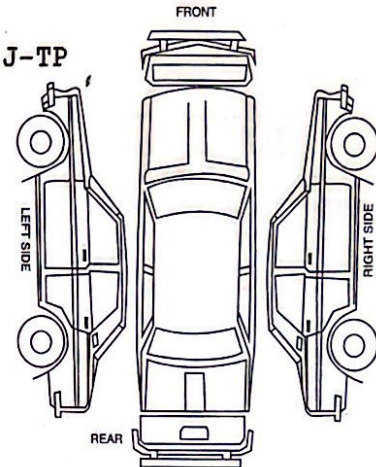
OMER S COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO.: SHD3135J	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 08.05.2023 10:00
	YR OF MANU. 23.06.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU091514	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.05.2023
 Accure: 3P 07.05.2023

NO LABOR CODE
 00010 PB

DESCRIPTION
 LUMPSUM REPAIR-SHD3135J-TP



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Adgement Slip

Exit Pass

lo.: SHD3135J LIMTS

Vehicle No.: SHD3135J

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard