REF: NS/TNC 17023242/St bez

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: GBE 7752S

Policy No. 5078397711-01 231817 - 220318

Claims No. MT/0973396-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 4121 Y Yr Regn: 5/6/13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Prius cc 1798

Colour: Maroon A/C: Insured / Std / NI / NA

Sp.Reading: 45 201 T/Radio Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	7	mm	L/Bal.	6	mm

D.O.A. 5/04/2018 D.O.I. 6/04/2018

Survey held at SMRT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear N/S

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

Date / Time	Action / Instruction
	[illegible]
	lump Sum $1450/- (Req 4492.52 : 75%)
	amend claim number to MT/0972556-002 3/5/18
04/05/18	1st closed date = 23/04/2018, Reopen by Krm becoz has to amend claim number.

Date/Time, File Pass to? 1) 16/4 Typist

Date/Time, File Return to? 2)

Preli. Report

Final Report

Days Of Repair: 4

Resurvey No. of Trip:

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

Survey Fee:	160
Transportation:	
S + RS S|	
Photos	35
Others	
TOTAL	195

Report Format : TP

Lump Sum / I.B.I: ($ 1450/-