

Ref. No : CS/TP18009263/UTB⁰² Res. Date: 24/5/18 Date Received:

Veh. No : SLF 66106 SP: 716/18 WKSP: Bunt

C/No :

Action/Instruction:

1. File 2. Submit Photo? YES / NO

3. Indicate Res. Date On Photo Page? YES / NO Message:

If No, due to a) No authorisation b) Days of repair

others:

Final Re-inspection or Progress Photos

Inspected By: J

(Policy Condition)

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

Bal. or Market Value: 92

IDAG Accident Report: Consistent?: Yes or No

GIA / PR Seen: J Consistent?: Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 10 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Tyre Size: F: 235/35ZR19

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. 6 mm L/Bal. 6 mm

D.O.A. 17/5/18 D.O.I. 22/5/18

Survey held at

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

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

Date / Time	Action / Instruction
	<u>LTA 61652</u>
	<u>Ntuc Ajax partic/new parts replacement.</u>
	<u>huge lower chrome assembly 3pc</u>
	<u>Repair sum #10200 Ured: 4343.485 : (32%) 32%</u>

RECEIVED 19 JUN 2018

Date/Time, File Pass to? : Preli. Report

1) 19/6 Typist : Final Report

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I. (\$) 9200 (10200)

Days Of Repair: 6

Resurvey No. of Trip: 3

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee: 5x15=75

Transportation: 170+75

50

50+50+50

Photos: 104

Others: 80

TOTAL: 629