

ASS. REC. BY:

REF:

NTUC

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:

Policy No.

Claims 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:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

LINK ANK

P-Parking International Pte Ltd

GST Reg. No: 20-0002005E

Tax Invoice

RECEIPT NO: R000204194
VEHICLE TYPE: Car
IU/CARD NO: 1127218873
ENTRY TIME: 12/03/2019 13:21
EXIT TIME: 12/03/2019 13:58
PAID TIME: 00:36
PAID AMOUNT: \$1.30
(Inclusive of GST)

CARD NO: 1111550361235903
CARD BALANCE: \$13.53

HAVE A NICE DAY

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Invs (\$)
☐ Weekend (\$)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) 24/4 - typist

Report Format:

Lump Sum / I.B.I: (\$)

TP

RECEIVED 24 APR 2019

ASS. REC. BY:

REF:

NTUC

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

3

01-45

Auburn

Insured:

Policy No.

Claims 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:

828k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

7/23

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJG 98780

Yr Regn:

07, 08

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

Truck / Trailer or

Make:

Toy with

c.c

1784

Colour:

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

12

C/No:

JTDER 303000267

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

4

mm

L/Bal.

5

mm

D.O.A.

1/3/19

D.O.I.

12/3/19 3pm

Survey held at

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

Rt O/S

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

Date / Time

Action / Instruction

1

File pass to Betty

RECEIVED 24 APR 2019

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2) 24/4 - typist

Report Format:

TP

Lump Sum / I.B.I: (\$

Days Of Repair:

9

Resurvey No. of Trlp:

2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

: Photos

: Others

TOTAL