

ASS. REC. BY: Steve

REF: NTUC NSI/INC 19016454/ESF302

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: SMM3323B
Policy No. 5110696355 (09/07/2019 - 08/07/2020)
Claims No. MT/1061689-002
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SMB 223J Yr Regn: 13/Dec/2011
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: MAN NL320F(A22) c.c. 10518
Colour: Multicolour A/C: Insured / Std / NI / NA
Sp. Reading 73327 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WMAA22ZZ3B7001197
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 Steel Rim
Tyre Size: F: 275/70 R22-5
R: 275/70 R22-5
BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
TOYO/YOKO or _____

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

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

Bal. or Market Value: _____
IDAC Accident Rpt: _____ 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
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Front 5 mm R/Bal. 5 mm
L/Bal. 5 mm
D.O.A. 09/09/2019 D.O.I. 17/09/2019
Survey held at SMRT
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FR Right front LH
The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action / Instruction
	<u>SMB 223J - CS / SMO 19013596 / ESF302 DOA - 31/07/2019 TP</u>
	<u>SMM 3323B - X SMM3323B</u>
<u>19/9/19</u>	<u>Finalize Confir \$899, 2 dev (CF 2,095.00 Red 72%)</u>
	<u>RECEIVED 23 SEP 2019</u>
	<u>20/9/2019</u>

Date/Time, File Pass to? 23/09/19
1) Typ: SA
Date/Time, File Return to?
2) _____

: Prell. Report
 : Final Report

Days Of Repair: 2
Resurvey No. of Trip: 1

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

Survey Fee:	<u>160</u>
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	<u>160</u>

Rep. Format: _____
Lump Sum / E.B.I. : \$800/- LIS