

ASSIGNED BY: Ram

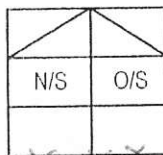
NS/INC19021608/FtF382

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: SLQ 8451Y
 Policy No. W
 Claims No. MT/1074478-002
 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 Report: _____ 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

Veh No: SHC1410H Yr Regn: 06/09/2018
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai ionia c.c 1580
 Colour: blue A/C: Insured / Std / NI / NA
 Sp.Reading: 137222 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH851CVKUI07507
 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: 195/65R15 DUNLOP
 R: - DAVANTI
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 05/12/19 D.O.I. 6/12/19
 Survey held at comfortdelgro (ioyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>NO Policy</u>
	<u>SLQ 8451Y : X</u>
	<u>SHC 1410H : CS/FC16013731/AVDC2 DOR:14/07/2016</u>
	<u>P/P: \$2242.61 (Red: 4019.73; 64%)</u>
	<u>3 repair days</u>
	<u>confirmation 12/12/19</u>

NTUC P/P

RECEIVED 12 DEC 2019

Date/Time, File Pass to? ☐ : Preli. Report
☒ : Final Report
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip:

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

Survey Fee:
 Transportation:
) \$ + RS. SI
) Photos
) Other
)
)

Report Form 3
 Lump Sum / Other 2242.61