ASS. REC. BY: SMN PIN | REF: NTUC NS / INC 20003727 / Q9f3

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: SMN 4576B

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.

N/S O/S

Bal. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 3 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: SMB1596B Yr Regn: 13/01/2015

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

Make: MAN NL320F(A22) cc 10518

Colour: Multicolour A/C: Insured / Std / Nl / NA

Sp.Reading 379148 T/Radio: Insured / Std / Nl / NA

Eng/No: —

C/No: WMAA22229F7002571

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or ______

Brake: (Inorder) / Jammed / Leaked / Burnt or ______

Modl: Nil / (S/Rim) / STD A/Rim or ______

Tyre Size: F: 275/70R22.5

R: 275/70R225

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 06/02/2020 D.O.I. 06/03/2020

Survey held at SMRT

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

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

Date / Time	Action / Instruction
	No Policy.
	SMB1596B – X
	SMN 4576B – X
	Confirm with Catherine.
	Finalize $1,050 @ 3 days (Red $728, 41%)

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

1) 16/04 Typist [ ] : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Invs ($ ______)

[ ] : Weekend ($ ______)

Report Format: TP

Lump Sum H.E.I. ($ 1050)

Survey Fee: ______

Transportation: ______

__S + RS, __S/ ______

Photos ______

Others ______

TOTAL ______