5/5/2010			

CC4/FWD20004397/Aga3

	LKK:	
1	IDAC:	

TRICE	CART	OHATED
IINS.	LASE	OWNER:

Medical:

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

Legal Cost

Total:

Payee 1:

S\$

S\$

S\$

SS

S\$

S\$

Date/Time:

INS. CASE OWNER	C.				
Communication	ADRIAN	ASSIGNM 23/03/202		Date / Time: 23.3.2020	
Surveyor:	7,12110111			Registered in Merimen: 23.3.2	2020
Pre-assign / CCU	/ FTE			Registered in Merinicia.	
Insured Vehicle No	SLB 3318L		Claim No.	:	
Name of Insured			Policy No.	:	
Insured Tel No.	: HP:		Make / Model	:	
		: 21/03/2020		lent : JUNCTION OF WOODL	ANDS AVE
Excess Sec II :S\$			Trace of Accid	& 5	2 11 12 0 7 1.1 =
Is driver the owner	? (YES / NO) Nature	of Accident :			
If NO, Driver Nan	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPORT: Y	
Driver Tel I	No. :	(V/L; YES / NO)	Insured Liabili	ity: % Final? Yes/No)
SMS 1891J					
31013 10913					
INSRS:	INSRS:		INSRS:	INSRS:	
WSP: MG	WSP:		WSP:	WSP:	
H H Tel: SOLUT	TION H H Tel:	H	Tel:	Tel: Liability:	
Liability:	Liability:	(0-0)	Liability:	RMKS:	
RMKS:	RMKS:		RMKS:	RIVINS.	
Date/ Time					
	SMS 1891J - X	SLB 3318	L-X	DITTOR	ATE / PIC
				Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
				Documentation Check List: Handler	Typist
				Notification ltr (if non-pickup)	
				After call ltr to OI:	
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
INALIZATION	Date/Time:	Confirm with:		Confirm by:	
epair Cost:	S\$ (da	ys) Reduction:	%	Email Call	
INAL SETTLEMENT		m with		Email Call	
nal Liability:		ed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
epair Cost:	S\$				
oss of Rental (LOR):		ys)			
oss of Use (LOU):	to the second se	iys)			
oss of Income (LOI):		(Victorial and and	1		
OR only LOU only	LOR + LOU LOR + I	.OI [Tick only one	1		
IA/LTA Search ledical:	SS SS			Claim status: Normal/Reject/Priva	te Settle
cuical.	00			1) Claim status, Normal/Reject/Filva	no Doute

(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

2) Report Format:

Email Call

3) Survey fee:

ASSIGNMENT

From. Date:	Veh No: Sms/891J, Yr Regn: 2020/ Feb.
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Camry, Hobrate 2487
at Workshop m/s	Colour Colice /A/C: Insured / Std / NI / NA
of	Sp.Reading 9726 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTNB23HK903036726
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim STD A/Rim or
	Tyre Size: F: 215/55R17-
(Policy Condition)	R: 015/55R17
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA (MTC) OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 23/03/20.
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Solution.
CA / DEV / DED / 24 UPS	Des. of Damages : Frt / Regr / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	,
TP FWD.	
MV :	
PV:	
Nett:	
Date/Time, File Pass to? Proli Report	B
account of the second	Days Of Repair:
1) : Final Report Date/Time. File Return to?	Resurvey No. of Trip: Survey Fee:
A -1 -1 -7	Transportation:
2) Add free	
Parad Farmat	
Report Formst:	:Tech. Invs (\$) Others
Lump Sum / LBJ: (\$:Weetend (*
	767701



Revol Carz Makeover Pte Ltd

42 Toh Guan Road East #01-75 Enterprise Hub S608583

Tel: 62679331

Website: www.revol.com.sg Email: enquiry@revol.com.sg

2020/02/09365

Name:

CHIA PENG

Address:

CONFIDENTIAL

Tel:

CONFIDENTIAL

Email:

CONFIDENTIAL

Car Make Model:

TOYOTA CAMRY HYBRID 2.5 ASCENT

Car Plate No:

SMS1891J

Date: 24 Feb 2020

Invoice No:

Description		Amount
ZeTough Ceramic Foundation		\$788.00
	Total Amount:	\$788.00

Our In House Services

- · Paint Protection & Grooming
- · Third Party Insurance Claims
- · Paintless Dent Removal

- · Car Servicing & Repair
- · Panel Beating & Respray Works
- · Vehicle De-registration

Mode of Payment: UOB MASTER / VISA

For cheque payment, please make payable to: "Revol Carz Makeover Pte Ltd "

Served by Alan Wong (96319558)

Terms and conditions:

- · All Revol Carz Makeover Pte Ltd Services are strictly by appointment basis only.
- · Revol Carz Makeover Pte Ltd management reserves the right to amend the terms and conditions without prior notice.

CHIA PENG's signature