ASS. REC. BY: Ram | REF: NS/INC20005153/FY&3 | SS

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: _____

Policy No. _____

Claims No. MT/109/205-002

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
XX	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 7007T Yr Regn: 30/05/2017

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

Make: TOYOTA PRIUS HYBRID (G4) c.c 1798

Colour blue A/C: Insured / Std / NI / NA

Sp.Reading 144330 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTDKB3FU103557111 *

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: 195/65 R15

R: ~

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	8 mm
L/Bal.	7 mm	L/Bal.	8 mm
D.O.A.	09/04/2020	D.O.I.	~~9/4/20~~ ~~9/04/2020~~ 9/4/20

Survey held at comfortdelgro (Loyang)

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
	NTUC
	L/S
	L/S: $1400/= with 2 repairdays (Red $516-20, 26%)
	confirm on 27/04/2020 with LKE.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 8/5/20 Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

(Lump Sum) / E.I. : ($ $1400/=)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	