

ASS. REC. BY:

Ram

REF: NS/ INC 20005153/FY # 3

SS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

MT/1091205-002

Sum Insured:

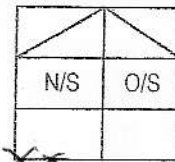
Excess:

(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 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

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 PRUS HYBRID (G4) c.c 1798

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

44330

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTAKB3FU103SS7111 *

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.

19/4/20
9/08/2020
9/4/20

Survey held at

comfortdelgro (loyalty)

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

LIS

L/S: \$1400/= with 2 repair days (Red \$516-20, 26%)

confirm on 27/04/2020 with LKE.

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

8/5/20 Typist

Days Of Repair:

2

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format:

Lump Sum / E.D. / \$

\$1400/=

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)