

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: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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: SM55431C in Regn 2020 Feb
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mazda CX9 cc 2488
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 4284 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6TC2WLA K0319746
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 255/50R20
 R: 255/50R20
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 23/06/20
 Survey held at TransEuroka's
 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
	TP III
	MV :
	PV :
	Nett :

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / L.P.R. : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Wheel align (\$

Survey Fee:

Transportation:

_____ \$ + PS _____ \$

Fluores

Other:

Total

Third Party Insurer Enquiry

Our Ref No: GR-20-051379

Date of Request: 30/03/2020

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 30/03/2020
Enquiry By Ronald Yap
TP Vehicle No. SLQ7732T
Accident Date 28/03/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLQ7732T	NTUC Income Insurance Co-operative Ltd	21/05/2019-20/07/2020	
SLQ7732T	India International Insurance Pte Ltd	21/07/2019-20/07/2020	63476100

Thank You.

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TAX INVOICE

Our Ref No: GR-20-051379

Date of Request: 30/03/2020

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 30/03/2020

Enquiry By Ronald Yap

TP Vehicle No. SLQ7732T

Accident Date 28/03/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque