ASS. REC. BY: Steve | REF: NTUC NS/INC20011039/Eqd3

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. 5113958549 (07/11/2019-06/11/2020)

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
X	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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: SHA 5092B Yr Regn: 15/12/16

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

Make: Hyundai I-40 c.c 1685

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

Sp Reading: 474087 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB41UMFU097789

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

Steering: In(order) / Jammed / Leaked / Burnt or

Brake: In(order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: "

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	10/10/20	D.O.I.	12/10/20

Survey held at Comfortdelgro

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

N/S REAR

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

Date / Time	Action / Instruction
13/10/20	@11.20pm Steve finalised with Jumani LS $1600, 2 days (Red $540.64, 25%)

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

15/10 Typist [ ] : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation: S + RS. SI

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

Photos

[ ] : Tech. Invs ($)

Others

[ ] : Weekend ($)

TOTAL

Rep[redacted]Format: TP

Lump Sum [redacted] 1600