

ASS. REC. BY:

Steve

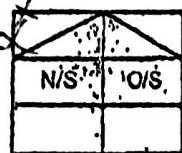
NTUC NS/INC21005622/Evc

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: SJQ 2868S
 Policy No. _____
 Claims No. MT/1130258-002
 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 Report: _____ 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: SG 5740C Yr Regn: 14/4/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: MAN A95 c.c. 10,518
 Colour: Multi-Colour A/C: Insured / Std / Nil / N
 Sp. Reading: 374443 T/Radio: Insured / Std / Nil / N
 Eng/No: _____
 C/No: WMMA 9522X6 7093176
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 275/70R275
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Fire 29
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 29/4/21 D.O.I. 7/5/21
 Survey held at SMART
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FL LH
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

14/6/21 LS \$1950 confirmed by email (Red'2865.70, 59%)

Time/Time, File, Pass to? ☐ : Prel. Report

☐ : Final Report

Time/Time, File Return to?

15/6/21-Typist

Approved: TP

MVA Sum / L.F. / LS 1950

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ - RS - SI

Private

Others

TOTAL