

Acc. Recd. By:

REP:

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: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

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: SNC74336 Yr Regn: 2021 / NovType: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Yaris Cross C.C. 1490Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 2200 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MXPB102012893Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/65R16R: 205/65R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 24/12/21Survey held at JLDes. 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 AIG

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

3 + PC \$1

Photos

Others

Report Format: _____

Lump Sum / LBL: C



Company Reg No: 201523952D

INVOICE

Bill To:

Name: Muhammad Ridzuan
Contact Number: 8818 7031
Address:

DATE:

21/12/2021

INVOICE #

NAP 21-868

Vehicle Make/Model/Colour: Toyota Yaris Blue
Vehicle Registration Number: SNC7433G

TERM: C.O.D

DESCRIPTION	AMOUNT
KB Extreme Plus, 10 years Warranty	\$1,588.00
Deposit	-\$100.00
Complimentary:	
- Boot Ledge	
- Handle Guard	
- Headlamps	
- Leg Guard	
- Door Edge	
Car Maintenance Tips:	
1. Wash your car regularly with mild PH neutral car soap (recommended once a week)	
2. Avoid doing any further polishing and using wax as it will void warranty	
* We provide car spa services which will include application of Kubebond diamond plus coating enhancer	
* For hard to remove stain, please do not hesitate to come back and rectify.	
AMOUNT PAID:	\$1,488.00

Account Name: New Age Polish Pte. Ltd.

Bank Name / Code: OCBC / 7339

Bank Account Number: 6896 3411 1001

Branch Code: 689

Swift Code: OCBCSGSG

Bank Address: 65 Chulia Street #01-00 Singapore 049513