

ASS. REC. BY: *[Signature]*

REF. CS/TM122006631/Reg 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **PAB UL 2272**

at Workshop m/s **334, Sembawang Close #16-455**

of _____

Insured: **TMI**

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

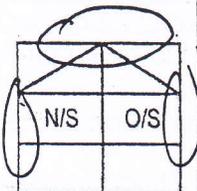
(Client's Record)

Make of Veh: _____

(Policy Condition)

2pm

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: **PAB UL 2272** Yr Regn: **1**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or **PMO**

Make: _____ C.C. _____

Colour: **BLACK** A/C: Insured / Std / NI / NA

Sp. Reading: **-** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

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: **12 1/2 x 2 1/4**

R: **-**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **CST**

Front _____ Rear _____

R/Bal. **2** mm R/Bal. **2** mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. **14/07/22**

Survey held at **334, Sembawang Close**

Des. of Damages **(Fr)** Rear **(O/S)** **(N/S)** / UIC / Rooftop or

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

Date / Time Action / Instruction

10/2/23 Submit total loss report. (Extensive Total Loss)
\$866.00 less depreciation 10% = \$779.40

The body frame bent.

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: _____

1) Date/Time, File Return to?

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

) S + RS _____ \$

: Interview (\$ _____)

) Photos _____

: Tech. Invs (\$ _____)

) Others _____

Report Format: _____

Lump Sum (L.S.) _____

WAREHOUSESG PTE LTD

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INVOICE

INVOICE TO

Tan Choo Hock

334 Sembawang Close #16-

455

750334

INVOICE NO. 14012

DATE 10/09/2019

DUE DATE 10/09/2019

TERMS NETS PAYMENT

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
FIIDO - Black (36V 10.4AH) UL2272		1	849.00	849.00
FIIDO FOLDABLE FRONT FOOTPEG		1	17.00	17.00

BALANCE DUE

S\$866.00

Less 10% Dep.

\$ 779.40