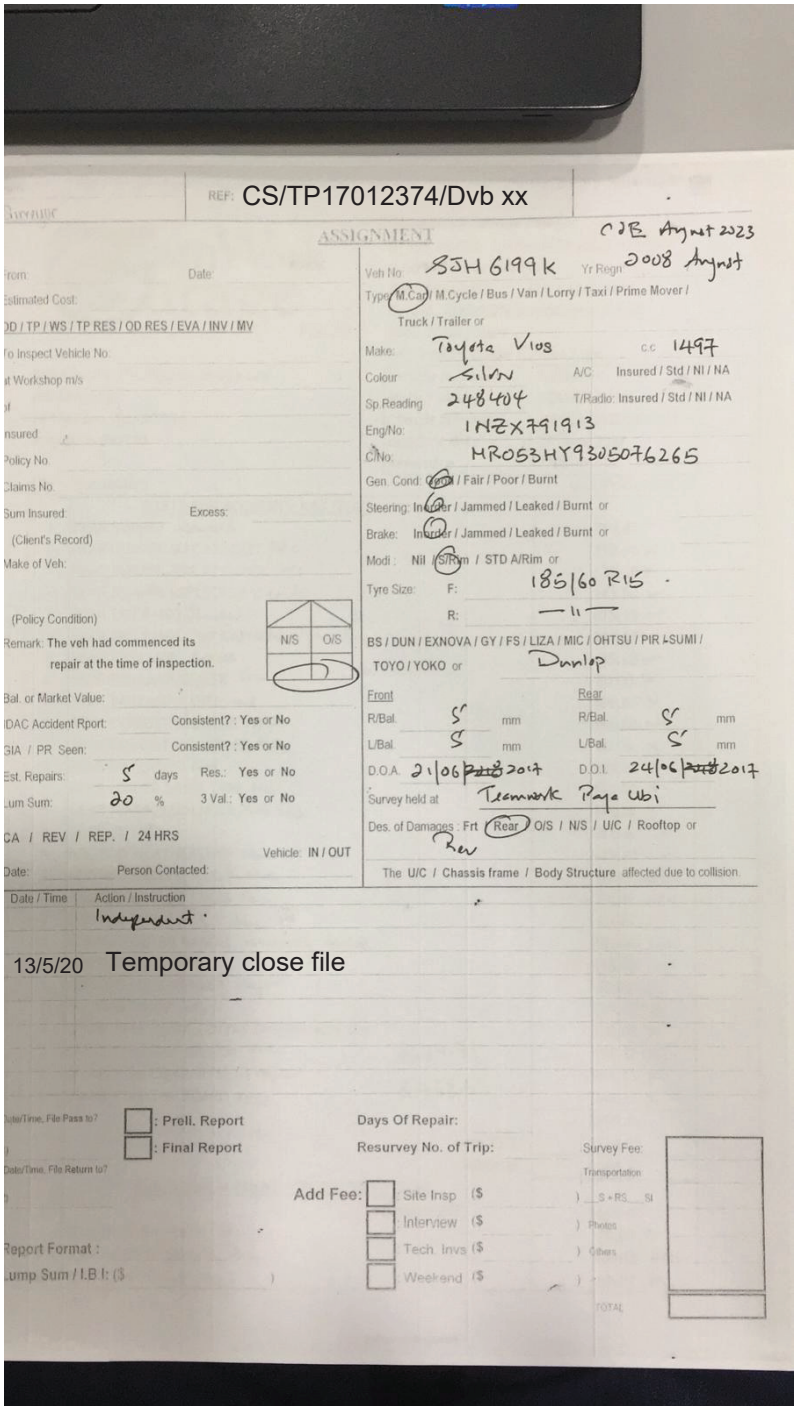

REF: CS/TP17012374/Dvb xx

ASSIGNMENT

CDB August 2023

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJH 6199K Yr Regn 2008 August

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

Make: Toyota Vios c.c 1497

Colour Silver A/C Insured / Std / NI / NA

Sp.Reading 248404 T/Radio: Insured / Std / NI / NA

Eng/No: 1NZX791913

C/No: MR053HY9305076265

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60 R15

R: —11—

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 21/06/2017 D.O.I. 24/06/2017

Survey held at Teamwork Paya Ubi

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

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

Date / Time	Action / Instruction
	Independent.
13/5/20	Temporary close file

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

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

S + RS SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B I: ($)