Surveyor: [signature] REF: EQ I 0298C

ASSIGNMENT

From: Date: 12/2/18

Estimated Cost:

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

To inspect Vehicle No: SLD6996Z

at Workshop m/s Automotive Repair

of 38, woodlands Ind. Prk E1 #05-18

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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 1wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SLD6996Z Yr Regn 2016 Jun

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

Truck / Trailer or

Make: HONDA VEZEL 1.5 X CVT cc 1496

Colour: WHITE A/C: Insured Std / Nil / NA

Sp.Reading 015780 T Radio: Insured Std / Nil / NA

Eng/No:

C/No: RU1 1115322

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: 215/55R16

R: "

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	09/02/18		D.O.I.	12/02/18	

Survey held at AUTOMOTIVE REPAIR

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

REAR N/S

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

Date / Time Action / Instruction

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

1. [ ] : Final Report

Date/Time. File Return to?

2.

Report Format:

Lump Sum / I.B.I. / $

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] Site Insp. $

[ ] Interview $

[ ] Tech $

[ ] Weekend $

Survey Fee

Transportation

Total