ASSIGNMENT

From:	Date: 05062		Jeh No: SHB 1		Yr Regn: Nov	2017
Estimated Cost:			Type: M.Car / M.Cyc	le / Bus / Van / L	orry (Tax) / Prime Mover	
OD THIWS I TP RES ! OD	RES / EVA / INV / MV		Truck / Traile	ror		
To Inspect Vehicle No:	SHB 1327X		Make: Toyota	Prins 4	c.c /3	798
at Workshop m/s	SMRT		Colour Purple		A/C: Insured / Std	/ NI / NA
of			Sp.Reading 60	865	T/Radio: Insured / Std	/ NI / NA
Insured			Eng/No: 22 R	5102767		
Policy No.			C/No: JTOK	B3FU603	573840	
Claims No.			Gen. Cond: Gool I	Fair / Poor / Burn	nt	
Sum Insured: Excess:			Steering: Inarda / Jammed / Leaked / Burnt or			
(Client's Record)			Brake: Increer / Jammed / Leaked / Burnt or			
Make of Veh:		Modi: (SI) / S/Rim / STD A/Rim or				
			Tyre Size: F:	195/65 RI	5	
(Policy Condition)		R: 195/65R15				
Remark: The veh had commenced its N/S O/S			BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time	of inspection.		TOYO / TOKO or			
Bal. or Market Value:		*	Front		Rear	
IDAC Accident Rport:	Consistent? : Yes or No		R/Bal. 6	mm	R/Bal. 6	mm
GIA / PR Seen:	Consistent? : Yes or No		L/Bal. 6	mm	L/Bal.	mm
Est. Repairs:	days Res.: Yes or N	0	D.O.A. 2/6/3	1018	D.O.I. 5/6/	2018
Lum Sum:	0	Survey held at				
CA / REV / REP. / 2		de: IN / OUT		Frt / Rear / O/S	I N/S / U/C / Rooftop	or
Date: Perso	on Contacted:	, in 1, 001	The U/C / Chas	ssis frame / Boo	dy Structure affected due	to collision.
Date / Time Action / In	struction	Y V				
					AX 06 18 20	07
					711	
					711	
	_				- SHB6684	6
					0 110 000 1	
Date/Time, File Pass to?	: Preli. Report Days Of Repair:					
1)	: Final Report	R	esurvey No. of	Trip:	Survey Fee:	
Date/Time. File Return to?					Transportation:	
2)		Add Fee:	: Site Insp	(\$)S+RSSI	
			: Interview) Photos	
Report Format :			Tech. Invs) Others	
Lump Sum / I.B.I: (\$)		. Weekend	(\$		
					TOTAL	