REF: Cs3 / GAI 16022416 / TIsb - 2

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop mrs:

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 Report: Consistent? : Yes or No

GIA / RP Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBT 5H Yr Regn: 2012

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

Make: Lexus GS350 CC: 3456

Colour: white A/C: Insured / Std / NI / NA

Sp Reading: — T/Radio: Insured / Std / NI / NA

Eng No:

C/No: JTHBE1BL40500 6067

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: 235 / 40 R19

R: 265 / 35 R19

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

Front			Rear		
R/Bal	5	mm	R/Bal	5	mm
L/Bal	5	mm	L/Bal	5	mm
D.O.A:			D.O.I:	~~29-11-2016~~ 03/08/18	

Survey held at:

Des. 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

03/01/19 Re-open case to amend inspection date. 9/1/19

9/1/19 1st close date 3/9/18, reopen ref only

29/8/2018

Date/Time File Pass to:

Date/Time File Return to:

☐ Prelt. Report

☐ Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (S$ ☐ Interview (S$ ☐ Tech. (S$ ☐ Assessed (S$

Survey Fee:

Transportation:

Report Format:

Lump Sum / LB.I. (S$