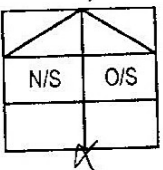


BY: Taylor REF: III

P

ASSIGNMENT

From: _____ Date: 16/8/18
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SIW 8017K
at Workshop m/s Car Crafters
of 18 toh Guen Rd East # 05-155
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record) TPM-2:30pm
Make of Veh: Faial



(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value: \$44K
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS up
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SIW 8017K Yr Regn: 2010 April
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Audi A5 c.c. 1984
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: 152502 T/Radio: Insured / Std / NI / NA
Eng/No: WVAU 2228T 4AA050943
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: 245 / 40 R17
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. _____ D.O.I. 16/8/18 @ 2:30pm
Survey held at Car Crafters
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
	<u>US # 1650 CR001 # 6398 / 79%</u>

Date/Time, File Pass to? ☐ : Proli. 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. Invs (\$ _____)
☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
S + RS _____ SI
Photos
Others
TOTAL