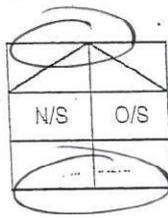


**ASSIGNMENT**

CBE Jan 2021

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.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 7 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SGB 84095 Yr Regn: Jan / 1996  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda Civic SIR C.O. 1596  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 9219 T/Radio: Insured / Std / NI / NA  
 Eng/No: B16A51000182  
 C/No: JHMEK46500S002022  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/R / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 195/55 R15  
 R: — " —  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Bridgestone  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. S mm R/Bal. S mm  
 L/Bal. S mm L/Bal. S mm  
 D.O.A. 23/10/2018 D.O.I. 25/10/2018  
 Survey held at EM-1 Sin King 10.00am  
 Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or  
by Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>AXA GT30A</u>
	<u>only first survey. No dismantle No after</u>
	<u>MV 23K</u>
	<u>LTA 12.4K</u>
	<u>HL 10.6K</u>
	<u>Repair Range \$7500 - \$8500.00</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 Date/Time, File Return to?  
 1) \_\_\_\_\_  
 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	_____