

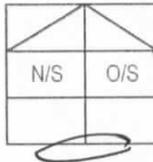
ASSIGNMENT

From: _____ Date: 19.11.2018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SJF 9037K
 at Workshop m/s: Lim Tan
 of: Blk 176 Sun Ming Drive #03-09
 Insured: _____
 Policy No.: _____
 Claims No.: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

After 10am

(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: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: 6/28 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJF 9037K Yr Regn: 06 / 08
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Daihatsu Coma c.c. 659
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 73327 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 1880K 0042525
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: _____ R: 165/50R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>6/14/18</u>	D.O.I. <u>19/11/18</u>

 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
<u>20/11</u>	<u>Re parts complete</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format : _____
 Lump Sum / I.B.I.: (\$) 0550

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: Site Insp (\$) _____
 Interview (\$) _____
 Tech. Invs (\$) _____
 Weekend (\$) _____
 TOTAL _____