

ASS. REC. BY: Sun Pin REF: CTI

**ASSIGNMENT**

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: \_\_\_\_\_

Veh No: SHC 4165X Yr Regn: 29/11/2013  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Toyota Prius c.c. 1798  
Colour: Maroon A/C: Insured / Std / NI / NA  
Sp. Reading: 687843 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JTDKN364505706910  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modl: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

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

N/S	NO/S

Tyre Size: F: 195/65 R15  
R: 195/65 R15  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Newton  
Front Rear  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. 5 mm  
D.O.A. 08/11/2014 D.O.I. 11/11/2014  
Survey held at SMRT  
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>CLIS \$5,900. (Red \$11,792.08 / 67%) TAX / 11/19/2022</u>
	<u>CB 9888A</u>
	<u>6 days + 1 Sunday + 2 PRS = 9 days</u>

Date/Time, File Pass to?  : Prel. Report  
1)  : Final Report  
Date/Time, File Return to?  
2) \_\_\_\_\_  
Rep. Formed: \_\_\_\_\_  
Lump Sum / I.P.I.: \_\_\_\_\_

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