

EXPENSE

DATE REC'D

By: RUSA

REF:

CG 8PF19019242/RH327

Special Instructions:

ASSIGNMENT (Office)

From (Person): Frankie May at 8PF Date/Time: 31/10/2019

Estimated Cost:

Bill to:

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

To Impact Vehicle No: SIN8205

Insured: QX 234P

at Workshop m/s Grace Furniture.

Tel: 81289802 Jess

of 24 A Tanjong Pagar

Policy No:

Claim No: AEMD105/009/201/108

Sum Insured:

Excess:

Make of Veh:

D.O.A.

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 31/10

Person Contacted: Jess

Vehicle: IN/OUT

Date/Time	Action/Instruction
	SIN8205 - X
	Pending Liability. Submit prelim report.

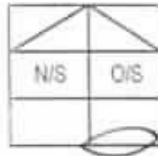
Page

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLN 8203
 at Workshop m/s: TRANSEUROKARI
 of: 27A, Tanjong Pagar
 Insured: SAP
 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: _____ days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLN 8203 Vr Regt: 2017 / APR
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: MAZDA 31.5 AT cc: 1496
 Colour: Brown A/C: Insured / Std / NI / NA
 Sp Reading: 37310 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JM6BN22A8H015114X

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/50R16
 R: _____

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>21/10/19</u>	D.O.I. <u>31/10/19</u>

Survey held at: TRANSEUROKARI

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Repair limit 15K

RECEIVED 28 NOV 2019

reopen submit final
 submit \$36,257.40, 27days (red:15011.20 ; 29%)

Date/Time, File Pass to? ☒ : Preli. Report

20/11/2019 ☒ : Final Report

Date/Time, File Return to?

Days Of Repair: 27

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Insp (\$

☐ (MAY) (\$

Survey Fee:

Transportation:

\$ + PS \$

Phone

Other:

Total:

220

220

Report Formed:

Empy 2019/11/20

TP