

CS3/FWD19008406/Gsf3 -1

ASS. REC. BY: GA REF: CS3/FWD19008406/Gsf3 Special Instruction: 16/04/2020

Surveyor: GA ASSIGNMENT (Office)

From (Person): Joey Loh of FDD Date/Time: 16/4/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GW 4063M Insured: SH 7814M

at Workshop m/s Rhino Repaire Tel: 6254 8858

of 160 S/M #03-1H

Policy No: 1201900012184 Claim No: PNPV2018-00001360-01

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 6/5/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time 13/5 Person Contacted: Down Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	GW 4063M - X
	SH 7814M - X

09/11/13
Surveys

WRS
GIL

REF: FWD

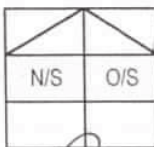
C5388E

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s RHino repairs
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: \$21k
IDAC Accident Rpt.: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 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: 6W46063M Yr Regn: 24 Jun 2003
Type: M.Car / M.Cycle / Bus / Van / Car / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Dyna 1500 c.c 2986
Colour: silver A/C: Insured / Std / NI / NA
Sp. Reading: 329273 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ITFuF347X 03001227
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: 175 R14
R: 155 R12
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front rear Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. _____ D.O.I. 13-05-19
Survey held at w/s 4:30pm
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>\$1000 - \$2000</u>
	<u>15/5/2019</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: -

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Report Format: PRS

Lump Sum / I.B.I: (\$ _____)

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

80

80