CS3/FWD19008406/Gsf3 -1

ASS. REC. BY: | REF: [redacted] | Special Instruction:

16/04/2020

ASSIGNMENT (Office)

Surveyor: GQ — mirimin

From (Person): Joeey Loh of FRD Date/Time: [redacted]

Estimated Cost: Bill to:

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

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

at Workshop m/s Rhino Repairs Tel: 6254 8858

of 160 SIM #03-14

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 H.O.D. Endorsement:

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

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

Surveyor: PRS GR. | 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.**

N/S	O/S

Bal. or Market Value: $21k

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GWK063M Yr Regn: 24 Jun 2003

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Dyna 150D c.c 2986

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 329273 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFUF34YX 0300 1227

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 175 R14

R: 155 R12

BSW DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		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
	$1000 - $2000
	15/5/2019.

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: -

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

Report Format : PRS

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

Survey Fee:	80
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	80