ASS. REC. BY: Sun Pin

REF: CTI

PRS

ASSIGNMENT

From: Date: 29/08/2019

Estimated Cost:

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

To Inspect Vehicle No: GBH 9808L

at Workshop m/s M Leasing

of 51 Ubi Ave 1 #03-18

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4. 9 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBH 9808L Yr Regn: 14/11/2018

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

Make: Toyota Hiace Van c.c 2982

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

Sp.Reading 16151 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P800246/44

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 ~~Steel Rim~~

Tyre Size: F: 195 R 15 C

R: 195 R 15C

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 28/08/2019 D.O.I. 29/08/2019

Survey held at Ulck.

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

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

Date / Time	Action / Instruction
	MV = 60,000
	PV = 24459
	MV = 35,500
	Repair Day - 9 days
	Range - 9K - 10K

GBH 9808L No Estimate (PRS)

30/8/2019

RECEIVED 11 SEP 2019

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

1) : Final Report

Date/Time, File Return to?

2) 2/11/20-Typist

Days Of Repair: ~~9~~ 8

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

S+RS SI

Photos

Others

TOTAL

Report Format : ~~PRS~~

Lump Sum / I.B.I: ($ LS $4900)